

5-2019

# The Case for Trauma-Informed Corrections

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Running head: THE CASE FOR TRAUMA-INFORMED CORRECTIONS

**THE CASE FOR TRAUMA-INFORMED CORRECTIONS**

by

C.J. Van Wright

A Banded Dissertation in Partial Fulfillment  
of the Requirements for the Degree  
Doctor of Social Work

Saint Catherine University | University of Saint Thomas

School of Social Work

May 2019

**Abstract**

This banded dissertation focuses on the beneficial impact of trauma-informed practices with women in correctional facilities—a vital issue given that there has been a 700% increase in women’s incarceration rates since 1980. The conceptual paper argues that a trauma-informed correctional system benefits both incarcerated women and correctional staff. The qualitative case study presents findings from semi-structured interviews with correctional staff, officers, and administrators about their experiences implementing trauma-informed practice in a women’s correctional facility. The third product in this banded dissertation is a presentation of the case study findings at a peer-reviewed regional conference in the field of criminal justice (October 2018).

*Keywords:* trauma-informed, incarcerated women, corrections

Dedication

This dissertation is dedicated to my wife Sally Johnson Van Wright, without whose support and encouragement I never could have completed this work, and to my tribal ancestors, who support my foot in the spiritual world.

### Acknowledgements

I want to thank all the professors who helped in my pursuit of my Doctorate in Social Work, and I would like to acknowledge my deep gratitude to Dr. Mari Ann Graham, who taught me I must make the path I travel. I would also like to thank Terri Haven, the many friends, and mentors who have read my work and offered feedback and encouragement, including Francesca, who magnified my vision and sense of what is possible. I could not have finished without wp's weekly support and magic. My mother who I first saw demonstrate perseverance. Additionally, I owe a debt of gratitude to the men and women of the facility that made possible my research. Thank you lastly to my cohort 3 family and roomies--"One Love."

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Personal and professional values lead me to attend to issues of social justice and social inequities. Correctional populations reflect overrepresentation of people of color, people of low socioeconomic status, and a preponderance of individuals in their 20s and 30s (Kaeble & Cowhig, 2018). Racial disparities are glaring. Black men and women in the U.S. face lifetime incarceration odds of 1 in 3 and 1 in 18, respectively, compared with the lifetime odds for White men and women of 1 in 17 and 1 in 111, respectively (Hinton, Henderson, & Reed, 2018). Black women comprise about 34% of incarcerated women, a representation of nearly three times their 13% share of the US census population (Carson & Anderson, 2016; McCorkel, 2013). Since women are usually caregivers of children under the age of 18, mass imprisonment of mothers puts their children at risk of attachment separation conditions and traumatic experiences (Harris, 2017). For both the incarcerated mother and her child, separation and attachment issues can be traumatic experiences. There are intergenerational disproportionate impacts and implications particularly for women, the disenfranchised, and low socioeconomic populations (Powell, Marzano, & Ciclitira, 2017).

Despite considerable exploration of trauma by academic authors in social work and psychology, attention to the topic of trauma-informed practice in correctional settings in the academic literature remains relatively rare. Thus, since women comprise a minority and a less often studied population among justice-involved adults, trauma-informed practice with female inmates represents a critical area of inquiry. Women have been an afterthought. What works for men does not often work for women. Incarceration is often a retraumatizing experience, and for women, utilization of gender-responsive and trauma-informed practices in correctional settings seeks to mitigate the effects of traumatic histories. A better understanding of justice-involved women and the systems providing their care, custody, and supervision should be a concern for

social work scholars in order to assure that the broader challenge of smart decarceration takes into account the issue of gender.

There are very few trauma-informed women's jails or prison facilities in the United States (Ney, personal communication, 2019), and thus, little research on their outcomes exist. This banded dissertation seeks to address that lack by focusing on trauma-informed practices with women in corrections. It also explores the reactions and impressions of correctional facility staff, officers, and administrators at a trauma-informed correctional facility.

### **Conceptual Framework**

The conceptual frameworks guiding this banded dissertation include Relational-Cultural Theory (RCT) and Constructivist Self-Developmental Theory (CSDT). RCT and CSDT provide useful lenses for understanding intersectionality between psychological trauma, gender, and culture (Hartling & Sparks, 2010; Jean Baker Miller Training Institute, 2017; Lenz, 2014). RCT is a relational and lifespan development theory that identifies healing and growth as occurring within positive connections and relationships that are trauma-informed. The key proposition within RCT is that positive connection through relationships promotes the positive development of self and that environments that support connection produce healthy individuals. RCT argues that empathy and collaboration are more valuable than individualism and isolation, and that abusive relationships interfere with optimal development because of power imbalances, lack of mutuality, and lack of emphasis on supporting growth. CSDT provides a perspective to understand the subjective impact of trauma on the female inmate as well as correctional staff. CSDT focuses on how people adapt to trauma by the active construction of meaning related to their traumatic experiences (McCann & Pearlman, 1992; Pearlman, 2013).



The insight that disruptive behaviors stem from trauma sequelae rather than willful defiance of authority affords correctional staff opportunities to intervene proactively rather than reactively, according to Miller & Najavits (2012). Such a shift in perspective has the potential for creating a more supportive and less triggering environment for trauma-affected inmates by moving away from a management-by-crisis atmosphere, an ordinary correctional circumstance that elicits PTSD symptoms by inadvertently replicating early childhood dynamics (Houston-Kolnik & Reichert, 2017). CSDT provides a framework for understanding both staff and inmate experiences related to the impact of traumatic events.

RCT and CSDT, therefore, support reconceptualizing correctional facilities and practices using trauma-informed lenses and approaches. These theories are congruent with the social work value of promoting social justice and have implications not only for inmates, their families, and communities but for correctional staff as well. Trauma-informed practices also provide opportunities for repairing prior emotional and psychological damage.

### **Three Product Summaries**

There are three scholarly products included in this banded dissertation. The first product is a conceptual paper that argues that a trauma-informed correctional system benefits both incarcerated women and correctional staff. Both benefit from trauma-informed practice since it provides an opportunity for reparative emotional and psychological experiences. The second product is a qualitative case study in which staff, correctional officers, and administrators at a women's correctional facility participated in semi-structured interviews to share their impressions of the effects of trauma-informed practices on female inmates and staff at their facility. Through semi-structured interviews, the research project sought to clarify the understandings and observations of staff who had served for 10 or more years in a facility whose

mission statement, policies, and training plan specifically aim to deliver trauma-informed care and custody. The third product of this dissertation is a peer-reviewed presentation at a criminal-justice conference in October 2019. During this presentation, research findings from product two were presented. This third product includes reflection on sharing the research findings with an audience of criminal-justice scholars and practitioners. Product three also includes the PowerPoint slides used during the presentation.

## **Discussion**

The time has arrived to move incarcerated women to the forefront of mass incarceration dialogue. Women have consistently occupied a place at the margins in the scholarship regarding smart decarceration. This neglect has real consequences. For example, the Obama administration highlighted justice reform as a key aspect of its policy, yet among incarcerated persons granted clemency through presidential pardon for people who serving lifetime sentences related to drug use, only six percent were female. Consideration of mass incarceration typically evokes images of a deluge of Black men whose reentry into the community usually meets with stigma and struggle, but families and communities also suffer these disruptions due to incarcerated women's absence and reentry.

In the context of the discourse on the scale, inequities, and possible solutions to mass incarceration in the United States, there remain significant distinguishing factors to consider as women become the fastest-growing group of incarcerated persons. This banded dissertation explores some of those differences, opportunities for practice improvement, and related themes for social work educators.

Using trauma-informed lenses within and across a criminal justice system inspires responses beyond punishment and reactivity. Although little research has explored whether

trauma-informed interventions have any impact on criminogenic factors for women (Petrillo, 2016), much of the research literature supports providing trauma-informed and gender-responsive services for incarcerated women (King, 2017; Petrillo, 2016; Swopes, Davis, & Scholl, 2015). Research is also needed to determine whether there is a difference in the effectiveness of manualized and nonmanualized models of treatment addressing incarcerated women's trauma and substance use (King, 2017; Swopes et al., 2015).

Trauma-informed corrections as a practice could yield valuable insights that will be useful for social workers in pursuing the grand challenge of smart decarceration with optimal impact. RCT and CSDT lay the foundation for trauma-informed practice. By considering interpersonal connection as the pivotal point for personal growth and development, the theories point to practice orientation as a key to systems change. Social workers' values and ethics uniquely position the profession to help challenge the stigma of incarcerated persons, particularly the forgotten inmates, women.

That women are an afterthought when it comes to decarceration is a consistent message over the review of the literature, although women's needs for health care within correctional care have received some attention. As predominantly sole caretakers for the next generation, women's experiences of justice involvement have long-term impacts on their children. Women's pathways into and out of criminal activity differ significantly from those of men. Lack of awareness of the specific responsivity needs of women matters because what works for men does not necessarily work well for women. What works for women is relationship, and that is why CSDT and RCT offer sound training and operational practice parameters.

**Implications for social work practice.** Trauma-informed practices in the criminal justice system's continuum should start in the jails, where there could be reparative experiences for female inmates via trauma-informed approaches.

The American Academy of Social Work and Social Welfare has included “smart decarceration” as one of its 12 grand challenges (Epperson & Pettus-Davis, 2017). That being the case, it is appropriate to rally to organize social work leadership, talent, and resources for engaging in dialogue across disciplines for solutions. Social work’s mission and the value it places on social justice make it suited to work within the criminal justice system. Discussion and media attention on the growth of jail and prison populations in our country has been on the rise, amplifying and clarifying the social consequences of incarceration on local, state, and federal levels (Alexander, 2011; Holder, 2013; Pettus-Davis, 2012). Social work educators can provide evidence-based strategies for use throughout the justice system and most urgently, leadership.

The interrelationship of going from an idea or an argument to conducting research and then eventually sharing it with the public deepened my appreciation of what is meant by the term “scholar-practitioner.” I see trauma-informed practices in the criminal justice system as a small but crucial gesture of refinement. I would not say trauma-informed practice offers a panacea, as the system of mass incarceration as we know it is not working. As a society, we are going to need to reduce the scale and stigma of incarceration, as well as remediating its disparities.

Social work’s person-in-environment perspective makes the profession especially well-suited to meet challenges within the criminal-justice system. As social workers, we do not take a punitive view of justice-involved persons, nor do we have a narrow focus on a cycle of incarceration. Instead, we look at the whole person and the goodness of fit within the environment. The social work profession is positioned to promote societal changes so that former inmates can

return to neighborhoods and communities in more sustainable and effective ways. By considering the impacts of trauma on inmates and staff and by supporting implementation of trauma-informed practices, social workers can contribute meaningfully to the effort to find cost-effective and significant ways to deconstruct the largest correctional system in the world. Indeed, in pursuing this line of inquiry, it has been my observation that current scholarship and public discourse call for loud voices of social work leaders to generate lasting solutions.

**Implications for social work education.** On occasion, social workers find themselves working in host settings where priorities and role definitions conflict with the social work ethos. For example, empowerment has long been a social work value, but that value has been seen as incompatible with corrections. This perception of conflicting values has led some social work educators to urge caution regarding the role of social workers within the criminal justice settings. Because of the profession's emphasis on dignity, self-determination, and respect for individuals, families, and communities, social workers aim to build natural capacities and may have missed opportunities to do so in criminal justice settings. Fortunately, the decades-long neglect of justice-involved populations has ended, and those populations have rightfully again become a priority for social work. As noted in the section on implications for social work practice, social workers possess a collective professional identity uniquely suited to promote justice system models that empower, heal, and positively impact survivors of trauma. Social work educators have the opportunity to equip emerging social workers with the necessary educational and trauma-informed components of interventions that will make it possible for those new social workers to lead this wave of positive change.

**Implications for further research.** The research project (product 2) produced data that I have yet to consider. As I return to the data, analyze the other variables, and continue my analysis of

the questions, other directions for further research will be revealed. The question that arose from this body of work concerned the origins of trauma-informed practices and how these may be related to male or gender influences. Since incarcerated women have experienced incidences of trauma and substance misuse as well as a spectrum of losses, one research study finding suggests integrating grief counseling into curricula for women in jails (Scott, Lurigio, Dennis, Funk, & Scott, 2016).

Another future research direction involves looking at gendered dimensions of a trauma-informed practice. Relative to correctional staff, it suggests a need to look at the events or relationships that correctional officers have experienced that lead them to work in correctional settings. Such inquiry could be promising for future research and well supported by RCT and CSDT since correctional staff likely also respond powerfully to connection given the highly interactive and interpersonal nature of their work settings.

### **Conclusion**

This dissertation focuses on trauma-informed practices in correctional institutions. As described above, a trauma-informed approach holds promise for corrections—and yet is still very rare in such settings. It is apparent that establishment of trauma-informed practices in a correctional setting requires visionary leadership at the executive level. One such example of visionary leadership is Michael J Ashe, Jr., a former professional social worker who subsequently held the post of county sheriff in Massachusetts for nearly four decades. Speaking about the importance of a rehabilitative rather than punitive approach to corrections, Ashe said:

We don't have "chain gangs," we have restitution crews. Instead of Cool Hand Luke "guards" with shotguns, we have correctional officers who work right with the inmates, to inspire them and lead them by example. And instead of a lot of

fanfare and little productivity or enthusiasm, we have 80,000 hours of worthwhile projects completed in our cities and towns every year (Ashe, Jr., 2013).

It is my wish that this dissertation can further that goal.

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**The Case for Trauma-Informed Practices with Women in Corrections**

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### **Abstract**

This article expands the current discourse on the mass incarceration of Black and Latino men to include incarcerated women who make up a significant portion of the prison population in the United States. Using Relational-Cultural Theory and Constructivist Self-Development Theory as trauma-informed frameworks, the author argues that female inmates with trauma histories *and* the correctional staff working with them *mutually benefit* from trauma-informed practices supported by these theories, and by trauma-informed principles offered by Substance Abuse and Mental Health Services Administration (SAMHSA). Synthesizing research findings to offer recommendations for using trauma-informed practices that support both correctional personnel as well as inmate well-being, this paper suggests that social workers have important roles to play in forensic settings, and that trauma-informed approaches offer the potential for transforming correctional facilities.

*Keywords:* trauma-informed corrections, recidivism, female inmates, correctional staff

The discourse regarding mass incarceration to decarceration typically focuses on Black and Latino men. The dialogue frequently assumes male populations with incarcerated females added as an afterthought. Goodwin (2015) puts it damningly in “Invisible Women: Mass Incarceration’s Forgotten Casualties,” when she notes that in the push to address the problem of mass incarceration of men, “they forgot about the women” (p. 354). Yet, more than one million of the 6.6 million adults under some form of correctional supervision in the United States in 2016 were women, a 700% increase since 1980 (Ney, 2012).

This article addresses this imbalance by focusing on trauma-informed and gender-responsive practices for dealing with female inmates. It suggests that female inmates with trauma histories and the correctional staff working with them mutually benefit from the frameworks of trauma-informed practice, supported by Relational-Cultural Theory (RCT), Constructivist Self-Development Theory (CSDT), and trauma informed principles offered by the Substance Abuse and Mental Health Services Administration (SAMHSA). Policy analysts assert that correctional management, as well as efforts to reduce female recidivism, correctional staff burnout, and vicarious traumatization could benefit from a trauma-informed and operationalized framework (Kubiak, Covington, & Hiller, 2017). Both female inmates and correctional staff deserve empirically validated correctional approaches (Gambrill, 2010; Levenson, 2017).

The argument begins with a brief review of the relevant literature documenting current trends, impact of trauma on correctional staff, and a discussion of recidivism. Next, I present an overview of RCT, CSDT, and SAMHSA’s trauma-informed principles, followed by a discussion of how these theories and principles can be applied to working with women in correctional facilities. Implications related to reducing recidivism, and the role of social workers is also addressed.

## **Relevant Literature**

The adverse childhood experiences (ACE) test is a tool utilized for decades in the United States that measures early trauma to track lifelong cumulative effects (Felitti et al., 1998). ACE scores have repeatedly correlated with poor life outcomes, such as diminished health and early death (Webb, 2016). Research findings indicate that females associated with the justice system have experienced higher rates of trauma, as well as higher rates of substance use, compared with the general population (Salina, Lesondak, Razzano, & Weilbaecher, 2008; Scott, Coleman-Cowger, & Funk, 2014). Miller and Najavits (2012) state that while incarcerated women and men are more likely to be victims of trauma than are members of the general population, the nature of the trauma differs by gender, with childhood abuse predominating for women and exposure to homicide for men. Some correctional facilities with female populations have developed gender-responsive programming and operations that serve to facilitate treatment of substance use disorders and trauma symptoms in incarcerated women (Decou & Van Wright, 2002; Herman, 1992; King, 2017; Petrillo, 2016; Swopes, Davis, & Scholl, 2015).

Women disproportionately carry psychological scars of trauma, injuries most frequently sustained in early childhood and frequently repeated in intimate partner relationships (Miller & Najavits, 2012; Praetorius, Terry, & Burse, 2017). Additionally, since women usually provide care for children under the age of 18, their imprisonment puts their children at risk of attachment separation conditions and traumatic experiences (Harris, 2017). For both the incarcerated mother and the child, separation and attachment issues can be experienced as traumatic, calling for trauma-informed practices that will more likely yield positive outcomes from future involvement with the justice system (Powell, Marzano, & Ciclitira, 2017).

Researchers have examined and measured the effectiveness of manualized trauma-focused clinical interventions versus other programming for women, and results have been inconclusive (Blitz, Wolff, Pan, & Pogorzelski, 2005; King, 2017), but trauma-informed approaches appear promising for incarcerated females (Miller & Najavits, 2012). Notably, discussion of how health concerns such as HIV and growing older during confinement intersects with trauma and substance use disorders has also received attention from justice-involved women (Maschi et al., 2011).

**Recidivism.** Variations in operational definitions of recidivism across facilities complicate the question of recidivism rates (Zgoba & Salerno, 2017). No uniformity exists from state to state or region to region with respect to length of stay in jail versus prison, nor do varied jurisdictions consistently collect or publish data regarding returns to jail (Kaeble & Cowhig, 2018). One-year recidivism data, for example, is hard to obtain; recidivism measures of longer periods, such as three-year returns to custody, predominate (Christensen, 2008). Short-stay recidivism outcomes frequently become lost within study samples because most states do not have separate county systems to handle brief confinements (Christensen, 2008).

Reincarceration can occur for several reasons: return to higher security level from lower security, pretrial detainment, sentenced conviction for new crime, or technical violations for noncompliance with conditions of release such as probation or parole stipulations (Kaeble & Cowhig, 2018). Variations in these causes for return to incarceration represent qualitatively different pathways as women attempt to navigate post-release reentry to their home communities (personal communication, Sherard, 2018). There is some agreement that a common standard for comparison involves measuring recidivism as return to incarceration for a new crime within a three-year period (Zgoba & Salerno, 2017).

Specific to reducing recidivism, researchers have found that the interventions traditionally impactful for incarcerated men, such as vocational training and employment support, have not correlated to similar positive outcomes among incarcerated women (Richmond, 2014). Richmond (2014) suggests that vocational interventions lack efficacy with women due to the need to address women's distinct criminogenic responsivity needs, such as child care, housing, and mental health. Miller and Najavits (2012) further assert that trauma-informed stabilization supports, or at least practices that avoid triggering trauma symptoms during confinement and reentry, will improve successful outcomes with incarcerated women. Sadeh and McNiel (2015) report data showing that risk of both general and serious recidivism rose significantly with post-traumatic stress disorder in a large-scale study of released jail detainees with serious mental illness.

The impact of inmate trauma histories on correctional staff has been less thoroughly explored although the literature points to correctional staff burnout (Lambert et al., 2015). Vicarious exposure to trauma in the form of occupational encounters with inmates' trauma sequelae remain inherent to correctional operations. While carrying out correctional duties, facility staff routinely utilize interpersonal communication skills by listening to the traumatic and impactful perspectives of justice-involved women. When informed by trauma-informed practices, staff interactions have shown promise in reducing critical incidents in custodial settings (Miller & Najavits, 2012).

Recently, researchers have examined the phenomena of burnout among correctional staff (Lambert, Hogan, Griffin, & Kelley, 2015). As a possible remedy, several authors suggest a mindfulness approach while delivering professional duties (Birnbaum, 2008; Cullen, 2011; Dunn, 2010). Other recent research addresses the problem of compassion fatigue, also called

secondary or vicarious trauma, among correctional staff (Levenson & Willis, 2018). Due to the centrality of relationships between women's growth and the intensity of daily interpersonal interactions in a correctional environment, the perspectives of correctional staff and their interventions obviously have a significant impact on female inmates (Miller & Najavits, 2012; Schaefer, 2017)

This literature supports the argument that trauma-informed correctional practices have the potential to move justice systems toward better outcomes for both incarcerated women and correctional staff. It also suggests that the social, fiscal, and ethical costs of inequitable treatment of inmates are now in need of fresh solutions (Kennedy, 2014).

### **Conceptual Theories and Principles for Trauma-Informed Corrections**

The conceptual frameworks guiding this argument include Relational-Cultural Theory (RCT) and Constructivist Self-Developmental Theory (CSDT) since both provide useful lenses for understanding transactions among psychological trauma, gender, and culture (Jordan, 2008; Jordan & Hartling, 1999; J. B. Miller, 1976). RCT is a relational and lifespan development theory that identifies healing and growth as occurring within positive connections and relationships that are trauma-informed (Comstock et al., 2011). RCT's key concept asserts that positive connection through relationships promotes a positive development of self. An environment that supports connection and validation produces healthy individuals; empathy and collaboration hold greater value than individualism and isolation. By contrast, abusive relationships interfere with optimal development in part because of inherent power imbalance, lack of mutuality, and lack of emphasis on supporting growth (Walker & Rosen, 2004).

In *Women's Growth in Connection* (1991) Judith Jordan, Jean Baker Miller, and others examined concepts such as empathy, mutuality, and the relational self. Similarly, *Psychology of*

*Women* (Miller, 1976) also explored empathy and mutuality, and also collaboration, validating the practice perspectives of mental health practitioners. Miller's (1976) book interpreted female therapists' experiences with concepts that had felt intuitive but were not well explained by psychological theory at the time. Positive feedback from the provider communities confirmed the concepts that the working group at the Stone Center (pioneers of RCT) were developing. In these ways, RCT laid the groundwork for trauma-informed practice scholarship.

RCT as a theoretical application coexists amicably with trauma-informed practices that address social work in the criminal justice system. In discussing research studies examining trauma-informed interventions with incarcerated women, Petrillo (2016) utilizes concepts common to RCT, such as growth in connection, mutuality, and authenticity. RCT proposes that authentic and mutual empathy, developed through healthy connections across one's developmental lifespan, can promote healing and growth (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; Walker & Rosen, 2004).

CSDT focuses on how people adapt to trauma by active construction of meaning related to their traumatic experiences. According to a trauma-informed narrative, some inmate symptoms often viewed as maladaptive by correctional staff, actually represent adaptations to trauma (Pearlman, 2001). The insight that disruptive behaviors stem from trauma history sequelae rather than a willful defiance of authority affords correctional staff opportunities to intervene proactively rather than reactively (Miller & Najavits, 2012). Such a shift in perspective has the potential for creating a more supportive and less triggering environment for trauma-affected inmates by moving away from a management-by-crisis atmosphere, a common correctional circumstance that elicits PTSD symptoms by inadvertently replicating early childhood dynamics (Miller & Najavits, 2012).



CSDT offers the insight that incarceration either ameliorates or exacerbates the worldview previously impacted by trauma. A necessarily strict and security-minded environment (jail or prison) can either confirm or disconfirm a worldview that abuses of power are inevitable, depending on how correctional staff carry out their duties. CSDT provides a framework for understanding both staff and inmate perspectives regarding the effects of having experienced traumatic events. In some ways, past trauma frequently comes to life in confinement settings. This is to say that on one hand, the correctional environment frequently elicits post-traumatic reactions on the part of inmates, and on the other hand, correctional staff who interact with these trauma survivors find themselves directly confronting dysregulation and instability in the population for whom they are charged to provide care and custody. Both groups benefit from understanding daily underlying causes of disrupted equilibrium such as loss of privacy, lack of personal control, security searches, and other correctional practices (Miller & Najavits, 2012).

CSDT (McCann & Pearlman, 1992) elucidates how both the person who experiences trauma and the person working with traumatized individuals experience distressing impacts directly or vicariously in the criminal justice system. CSDT explores the self that is impacted by traumatic events. Without understanding disrupted self-development pathways that have occurred for survivors of trauma, correctional staff often misinterpret behaviors as stemming from pro-criminal attitudes (Van Wormer, 2001). As illustrated in *Psychological Trauma and Adult Survivor* (McCann & Pearlman, 1990), CSDT presents trauma as a highly subjective experience, one that depends on an internal working schema, and alters aspects of the self, such as self-esteem, worldview, sense of safety, and capacity to regulate affect. Affect regulation represents a key capacity under circumstances that nearly anyone would find distressing, namely the pressures of living under constant correctional supervision (Van Wormer, 2001). The self-

capacities of incarcerated women have begun to receive substantial consideration in the literature (Miller & Najavits, 2012).

In addition to CSDT, RCT, and SAMHSA also provide complementary lenses that support social work ethics, values, and commitment to social justice. SAMHSA has defined trauma-informed practice as an approach that is empowering, highlighting three key elements:

One, realizing the prevalence of trauma; two, recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and three, responding by putting this knowledge into practice (SAMHSA, 2002, p. 4).

RCT, CSDT, and SAMHSA therefore support re-conceptualizing correctional facilities and practices using trauma-informed lenses and approaches. These theories are congruent with social work's value of promoting social justice and have implications not only for inmates, their families and communities, but for correctional staff as well.

### **Application to Correctional Settings**

The theoretical lenses of RCT and CSDT lend depth and weight to the supposition that incarcerated women, when effectively met with appropriate interventions and relational contexts, find significant opportunities during incarceration not only to make changes to avoid future involvement with the criminal justice system, but more fundamentally to improve their life circumstances by healing from trauma. Relational engagement can strengthen important self-capacities such as affect regulation, positive identity, and impulse control (Koury & Green, 2019).

In applying the insights of RCT and CSDT, it becomes apparent that just as incarcerated women's traumatic injury occurred in relational contexts, so must their healing from trauma and

the remediation of their developmental disruption. While some women receive visits and maintain meaningful contact with family and community through telephone communication, most come from families where the women's absence comes as a burden on top of poverty, other forms of discrimination, child-rearing demands, and other stressors, creating a divide between incarcerated women and their families during confinement (Comfort et al., 2016). As a result of this divide, as well as enforced abstinence from alcohol and drugs, interactions with correctional staff take on a larger-than-life scale (Lurigio, Scott, Lurigio, Dennis, & Funk, 2016; Praetorius et al., 2017).

RCT suggests that needed transformations in sense of self and ability to cope with trauma sequelae occur in the context of relationships with other incarcerated trauma survivors and with empathic staff. Schaefer (2017) affirms this by noting that the discharge of correctional duties in a way that supports dignity and growth rather than punishment and blame supports the well-being of both inmate and staff. Miller & Najavits (2012) urge policymakers to pursue the confluence of goals for both correctional institutions themselves and for inmates, wherein trauma-informed correctional facilities benefit through improved inmate climate and decreased critical incidents and trauma survivors in custody learn how their trauma histories contributed to their criminal behaviors and need not determine their life course.

When correctional staff understand CSDT and model self-regulation, for example, they can become more effective agents of change. When imbued with a sense of positive social purpose, as opposed to a punitive framework, staff tend to exhibit greater resilience and immunity to correctional stressors (Lambert et al., 2015). Within institutions, psychologically costly cycles of behavioral disruption and sanction (Joubert et al., 2014) can be replaced with

mindful relational exchanges (Dunn, 2010), and such relationships in turn provide opportunities for growth and healing (Pearlman, 2013).

**Reducing recidivism.** Practices that positively affect recidivism have received consistent and far-reaching exploration and empirical validation in a body of work collectively referred to as what works in corrections (Andrews & Bonta, 2017). For example, increased recidivism consistently correlates with poor attunement to offender trauma histories or to women's specific program responsivity needs, as does poor targeting of interventions for high-risk offenders, separately from lower-risk offenders. Conversely, decreased recidivism consistently correlates with effective and individual targeting of formally assessed criminogenic factors such as pro-criminal attitudes and lack of pro-social companions (Andrews & Bonta, 2017). By providing trauma-informed care and custody, correctional staff *become* part of the treatment continuum while also promoting well-being on the job (Pettus-Davis, 2012). RCT and CSDT authors suggest that the well-being of the providers has direct bearing on the well-being of those receiving services.

As already noted, those in frontline correctional roles (correctional officers, healthcare providers, and case workers) are routinely exposed to high levels of workplace stress, putting them at significant risk of occupational burnout and its related costs (Dunn, 2010; Lambert et al., 2015). If they are not skilled in trauma-informed practices, they are likely to become emotionally reactive to inmate disturbances (or other frustrations on the job), creating a kind of vicious cycle in which their reactive attempts to de-escalate inmate situations further trigger and destabilize trauma survivors (Miller & Najavits, 2012).

Trauma-informed social work in the criminal justice system could reduce female recidivism through intentional, mutually empathic experiences with correctional staff (and other

inmates) that assist in co-regulating difficult emotions and responses. This premise is grounded in the literature and over two decades of trauma group facilitation with incarcerated women in systems that provide gender-responsive and trauma-informed care (Decou & Van Wright, 2012).

**Social work in corrections.** Social work developed in a variety of settings and has not always been seen as a profession compatible with corrections (Epperson & Pettus-Davis, 2017). The dignity and worth of the individual, core values of the social work profession, may or may not resonate with correctional facilities' mission statements. The core value of client self-determination can seem elusive in settings where individuals lose daily choices such as meals, clothing, activity schedules, room assignments, privacy, and lights-out time.

Historically, however, social work has accommodated itself to a range of host environments whose goals and values differ from our own (Levenson, 2017). Furthermore, the social work profession has also been called since its inception to pursue social justice (Fish & Karban, 2014). Inequities and disproportionate impacts related to justice involvement along lines of race, gender, and socio-economic status have received thorough attention (Blitz et al., 2005; Kolivoski, Weaver, & Constance-Huggins, 2014; Van Wormer et al., 2006). To the extent that social work professionals limit their work to settings outside corrections, an opportunity to embody the profession's core values is missed. Given social workers ingrained predisposition to see incarcerated women as well as correctional staff as human beings rather than social burdens or social tools (Epperson & Pettus-Davis, 2017), they are well positioned to implement and support trauma-informed approaches.

Within correctional settings, social workers could have important roles in supporting positive social change. These including addressing disparities in correctional populations (Epperson & Pettus-Davis, 2017), and advocating for and providing training to staff so that they

embody an empathic stance that honors the dignity of every person within a secure perimeter (Ashe, Jr., 2014; Hicks, 2011). Rehabilitative and security goals can actually complement one another, particularly in facilities or units in which average length of stay is relatively short and release to home communities relatively immanent (Christensen, 2008).

Trauma-informed social workers can have a role in facilitating interpretations of trauma adaptations via training and consultation, helping staff reframe some behaviors of incarcerated women in terms of trauma histories. In this way, the voices of social workers can positively impact the professional identities of officers and other direct-care professional providers (Joubert, Archambault, & Brown, 2014; Schaefer, 2017).

Decreasing rates of incarceration since their high point in 2009 (Mobley, 2011; Zgoba & Salerno, 2017) provide a potentially important opportunity for the social work profession to make contributions to correctional policy, since social workers bring research-and-practice wisdom related to the empowerment of women. Indeed, social workers' contributions to corrections already spans more than 100 years (Brownell & Roberts, 2002), and the empowerment of incarcerated women has drawn interest from social workers for more than a decade (Decou & S. Van Wright, 2002; Praetorius et al., 2017; Salina et al., 2007). The social work profession is well-equipped to address the challenges of the criminal justice system because of its person-in-environment perspective (Epperson & Pettus-Davis, 2017). Social workers' training does not lend itself to narrowly defined punitive attitudes toward corrections, nor to an individually defined cycle of incarceration. Instead, the profession views the whole person and factors affecting the goodness of fit within the environment (Miller & Hayward, 2014).

Epperson and Pettus-Davis (2017) advance the term “smart decarceration” to describe the movement towards intentionally dismantling the outsized scale and systemic inequalities of mass incarceration in the United States, highlighting the role social workers could play in this effort. More broadly, social work educators and their students rightly engage in critical dialogue about mass incarceration, the school-to-prison pipeline, and the overrepresentation of people of color in the criminal justice system (Alexander, 2010; Pettus-Davis & Epperson, 2015).

## **Conclusion**

Effective approaches for incarceration bear continued exploration because interventions historically shown to be effective for incarcerated men have yielded mediocre results for women (Miller & Najavits, 2012). A trauma-responsive model encourages and builds on healthy relational connections. Several authors discussed here suggest that trauma-responsive approaches represent a missing ingredient in promoting rehabilitative gains for incarcerated women.

A correctional environment, while uncomfortable and unpalatable, can provide supportive and growth-fostering conditions for trauma survivors because it is stable and predictable, unlike the chaos typically reigning in contexts where childhood abuse occurred (Miller & Najavits, 2012). Trauma-informed practices in correctional settings offer consistency, respect, and reliable relational engagement. These concepts should be tested for empirical validity and, where supported, implemented.

Further research could better guide the kinds of interventions, practice principles, staff training needs, and social work consultative roles that support effective correctional care to specifically address the needs of incarcerated women. More specific research related to reducing

recidivism is needed, as is research related to the impact of correctional officers in terms of rehabilitative role-modeling and offender engagement.

Social work remains exceptionally well-positioned to make societal changes so that incarcerated persons and former inmates can return to neighborhoods and communities in sustainable and efficient ways. Such assistance represents fiscal and social improvements, not only for justice-involved individuals, but also for the families and communities to which returning citizens reintegrate post-release (Comfort et al., 2016). For significant portions of justice-involved persons in the United States, trauma-informed practices hold great promise for moving beyond draconian punishment toward transformative care and custody.



**Trauma-Informed Practice in Corrections: A Case Study**

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### **Abstract**

This research-based article presents a qualitative case study that explores experiences and perceptions of correctional staff who have utilized a trauma-informed approach in a women's correctional facility for at least ten years. The study presents participant variables including position, ethnicity, gender, and years of service. Findings show that staff are proud of participating in trauma-informed practices, and that they see the approach as valuable. Several themes emerged from the data, including increased awareness of mental health issues, increased respect for human dignity, the importance of listening and safety, and emphasis on professionalism. This paper contributes to social work knowledge regarding trauma-informed practice with women in correctional settings. Implications for social work practice, trauma-informed practices in corrections, and further research are also noted.

*Keywords:* trauma-informed, women's corrections, case study, research

One of the grand challenges of contemporary social work involves doing a better job serving those who are incarcerated in the era of mass incarceration (Lubben, Fong, Barth, et al., 2018). Given what we know from relational cultural theory—namely, that attention to relationship and interpersonal skills shape facility milieu (Duffey & Trepal, 2016; Jordan & Hartling, 1999)—it stands to reason that delivering effective services in a correctional setting depends greatly on the perception and experiences of correctional staff (Schaefer, 2017). Just as pathways into criminal conduct vary for women, the effort to deliver a gender-responsive approach calls upon correctional staff to cultivate perspectives and practices attuned specifically to the population of women in their care and custody (Praetorius, Frank Terry, & Burse, 2017). A staff-centered inquiry therefore advances the effort to identify best practices for incarcerated women.

Trauma-informed perspectives have taken on a global scope and sphere of influence. Initially applied in behavioral mental health to identify therapeutic approaches and practices aligned toward positive outcomes for populations affected by trauma, the term “trauma-informed” now appears in scholarship regarding clinical supervision (e.g., in social work practice settings, schools, correctional facilities) as well as organizational practices (*Developing trauma-informed organization: A tool kit*, 2014). This article explores trauma-informed practices in a women’s correctional facility. Specifically, the case study focuses attention on a minimum and medium security women’s correctional center located in the northeast United States. The researcher collected qualitative data through semi-structured interviews to explore staff perceptions regarding the implementation of its trauma-informed mission and how this approach has impacted staff and residents in the facility.

### **Literature Review**

This literature review focuses on two areas relevant for the research at hand: scholarship on trauma-informed perspectives and scholarship on gender and incarcerated women.

#### **Gender – Responsive Practices with Incarcerated Women**

Gender-responsive practices with women must account for histories of interpersonal violence and how that plays out over the lifespan. Stephanie Covington (2015) notes that “becoming trauma-informed is a core element in women’s treatment” and that “risk for abuse is gendered” (p.73). Because of their status and roles in life, women are more likely have events happen to them that are traumatic (SAMHSA, 2016).

While there are more men incarcerated than women, the rate of incarceration for women is increasing, whereas men’s rate of imprisonment is decreasing (McCorkel, 2013). Consideration of incarcerated men has tended to dominate in the literature because of their greater numbers, so Decou and S. Van Wright (2002) broke ground by writing about a trauma-informed women’s facility during a time when women’s special circumstances and gender needs were not widely recognized. Some years later, writing in *Women, Girls & Criminal Justice*, Van Voorhis (2009) took this work further by articulating components of gender-responsive corrections. These components include effective assessment of the specific risk factors and needs presented by justice-involved women. Program designs must account for treatment fidelity, support for women’s family roles and vocational pathways, and staff training in gender-responsive care (Van Voorhis, 2009).

The Institute for Health and Recovery notes in “*Why trauma matters: A training curriculum for corrections personnel working with female offenders*” (2011) that unavoidable triggers exist in all correctional settings, so staff should allow the survivor to predict and self-

regulate by acknowledging the distress, explaining the purpose, and affording personal choice where possible. This matters for the sake of the incarcerated women, and it also affects a key priority in corrections: improving public safety through reducing recidivism. Research has indicated that PTSD symptoms correlate with increased recidivism (Sadeh & McNiel, 2015). Stephanie Covington (2015) adds another strong voice to the literature on gender-responsive treatment. Covington takes into consideration that gender makes a difference when offering SUD services and has done extensive work in recovery as it relates to gender. The author revamped recovery materials that had patriarchal language and reenacted the powerlessness that women experience in their daily lives (Kubiak, Covington, & Hiller, 2017). Drawing on extensive practice experience, Covington has written a number of programs and facilitator guides designed to help women recover. Investigating the efficacy of a manualized approach, King (2017) found that women benefit more from gender-specific treatments, notably for PTSD and SUD, than from more general program designs.

### **Trauma-Informed Perspectives**

When describing what is meant by a trauma-informed organization, the literature suggests that a trauma-informed correctional facility should assume that the majority of women coming into care and custody arrive having a history of interpersonal trauma as well as substance use disorder (SUD). The literature supports trauma-informed organizations as a best practice (SAMHSA, 2016). Practices such as closely attending to communication style, support and education towards resolving psychological trauma, and minimization of triggering potential in daily practice figure prominently in trauma-informed practice in institutions (SAMHSA, 2016). While the utilization of trauma-informed and gender-responsive services has begun to arise in

recent literature on incarcerated women (King, 2017; Petrillo, 2016), very little research has explored the impact that using trauma-informed practices may have on correctional staff.

While there are events that most individuals likely experience as traumatic, trauma remains a highly subjective experience. Psychological trauma is the experience of any activity that results in overwhelming a person's central nervous system or natural ability to cope, leading to lasting impacts (McCann & Pearlman, 1990). The updated Adverse Childhood Experiences Study has helped with conceptualizing what constitutes trauma (Webb, 2016). The authors emphasize experiences that occur in context of interpersonal relations. Examples include childhood incidents of violence, emotional abuse, physical abuse, and exposure to violence against a caregiver, all of which correlate with lifelong impacts in health, well-being, and role functioning (Webb, 2016).

As society evolves in consciousness and understanding, the breadth and prevalence of trauma in Western culture has become increasingly evident. Some speculate that toxic stress and trauma disproportionately affect certain cultural and ethnic groups, contributing to intergenerational trauma and substance misuse (*SAMHSA'S center for the application of prevention technologies webinar transcript: A critical look at intergenerational trauma and substance misuse: Implications for prevention*, 2018). This prospect should be explored because significant racial disparities exist in the incarcerated population, with African-American women comprising about 34%, even though they represent only 13% of the US census population (Carson & Anderson, 2016; McCorkel, 2013).

Considering the chronological development of trauma-informed perspectives, we see that Judith Herman (1992) was an early pioneer in the study of trauma and recovery, specifically calling attention to its political nature. Herman (1992) writes, "The study of psychological

trauma is an inherently political enterprise because it calls attention to oppressed people” (p. 237). Herman’s ideas reached a broad spectrum of people and integrally informed the national conversation about women and trauma. Miller and Najavits (2012) started their work with women’s recovery and substance use disorder (SUD). Their writing provides guidance for developing trauma-informed protocols in corrections and for supporting SUD recovery while incarcerated. They stress that establishing safety represents the most important component in recovery from trauma and substance abuse.

The Substance Abuse and Mental Health Services Administration (SAMSHA) produces a key body of research in the field, widely used as a resource for scholars and practitioners. Researchers examine treatment modalities informed by empirical evidence and shown to be efficacious (SAMHSA, 2014). SAMSHA published fundamental principles of a trauma-informed approach, which included safety, trustworthiness, and peer support, among others. These principles apply universally to any institution seeking to implement a trauma-informed approach.

Another vital contributor to the discourse on trauma is Bessel van der Kolk, who established the Trauma Center in Boston and who has highlighted a holistic approach to trauma recovery, incorporating such elements as neurofeedback and brain imaging. His work, *The Body Keeps the Score* (van der Kolk, 2014) remains highly regarded in the mental health and recovery field. The author indicates the centrality of trauma resolution in healthy adult functioning and points out the importance of integrating consideration of bodily experience (van der Kolk, 2014). Such consideration takes on particular meaning in a correctional setting, where the physicality of routine procedures such as wellness checks, cell searches, and strip searches, necessary to

provide facility safety, unavoidably carries routine impact on daily life for incarcerated persons (Schaefer, 2017).

### **Method**

This case study occurred in a regional women's correctional facility located in the northeastern region of the United States. This facility opened in 2007 as part of a large and progressive regional county jail and prides itself on being gender-responsive, trauma-informed, culturally aware, and family focused. The facility employs a staff of 135 designed to serve an inmate capacity of 300 with a six-month average length of stay, and both pre-trial detainees as well as individuals serving up to two and a half years for county sentences. All staff at the jail receive annual and ongoing trauma-informed and gender-responsive training. The qualitative case study method used in this research sought to answer the research question: *What are staff perceptions regarding the implementation of trauma-informed practices and its impact on inmates as well as staff?* The researcher utilized semi-structured qualitative interviews to gather the perceptions of correctional staff regarding the impact of trauma-informed practices on themselves, inmates, and other staff.

### **Sampling and Recruitment Method**

A purposive sample of convenience was used in this case study in order to include various staff positions, ages, ethnicities, and gender among participating staff. Recruitment procedures were approved by the institutional review board to assure compliance with ethics and confidentiality requirements. The intentionality of recruitment optimized input from persons likely to be knowledgeable about implementing a trauma-informed approach. Staff eligible for recruitment were current employees of the facility who had worked in at the facility or its parent institution for ten years or more. This allowed for participants' to have witnessed the transition



to trauma-informed practices. Announcement of research project was conducted to each shift over 4 days. Recruitment flyers were left in designated staff areas. From its opening in 2007, its explicit aim included being gender-responsive and trauma-informed.

### **Data Collection and Analysis**

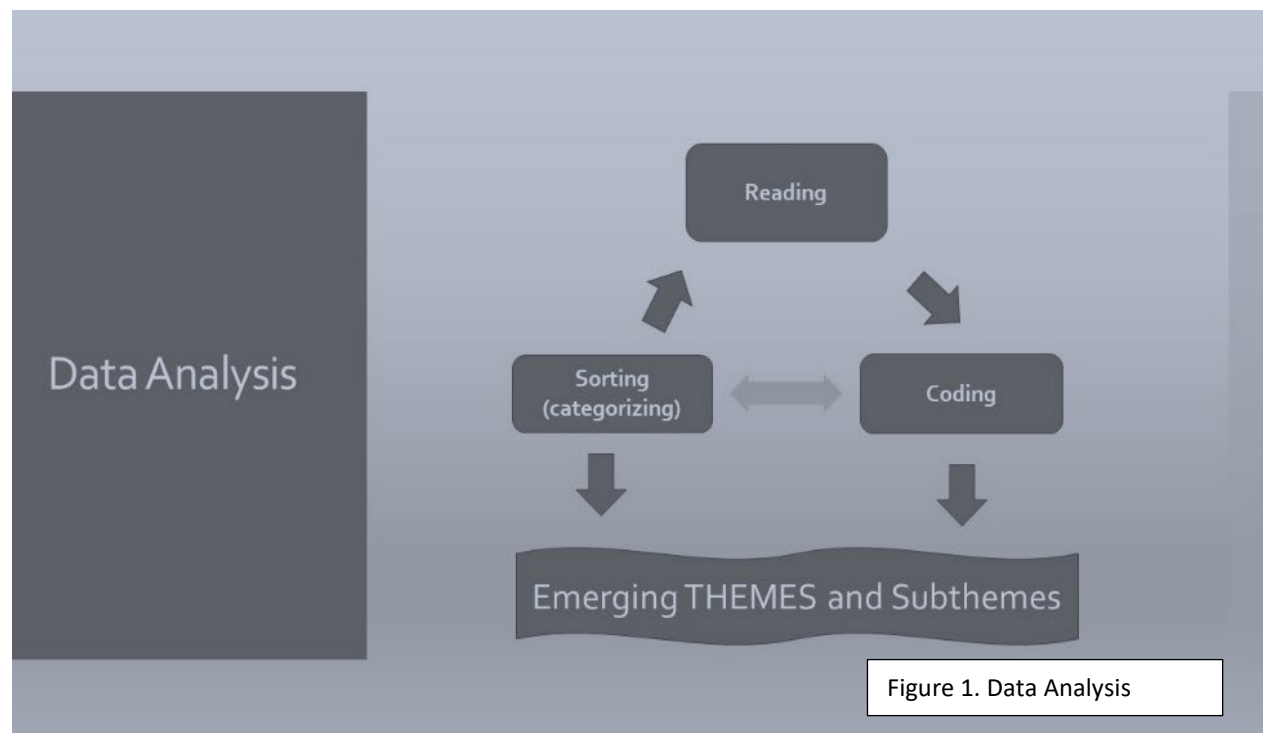
Data collection involved in-person interviews using a semi-structured interview schedule designed for this case study. The interview schedule facilitated qualitative interviews with participants through use of open-ended questions (Nelson & Uhlenbeck, 2008; Patton, 2015). In-person interviews occurred at a discrete location, per the interview participant's choice. On average, interviews lasted from 45 to 60 minutes. The researcher transcribed interview data verbatim with the assistance of automated transcription software, cross-checked and edited for accuracy. Transcripts were to facilitate subsequent data analysis. The researcher also collected data by using a field journal to capture contextual observation nuances relevant to the process of data collection.

The interview schedule consisted of 19 questions. The first five questions asked descriptive demographic information (gender, position, age, ethnicity and correctional work years). The remaining interview questions fall into three general categories: implementation of trauma-informed practices (four questions), questions related to trauma-informed training received by staff (five questions), and questions exploring the impact of trauma-informed practices on the inmates (four questions).

The data analysis process was iterative and therefore, time and labor intensive (Nelson & Uhlenbeck, 2008; Patton, 2015). The first step involved reading all transcripts multiple times without marking or taking notes. The goal of this first step was to thoroughly absorb each individual transcript multiple times without marking or taking notes. This step is analogous to

data entry into the researcher who becomes the instrument (Patton, 2015; Saldana, 2016).

Transcripts were copied onto different colors of paper in order to facilitate subsequent data analysis. Next, I began coding each transcript making notes in margins, underlining and circling key phrases and words. This led to re-reading, sorting into preliminary categories, re-reading and re-sorting until themes and related subthemes emerged from the data (Patton, 2015; Saldana, 2016). Figure 1. illustrates method of data analysis used in this study



One of the strengths of the qualitative case study method is that it permits hearing participants' voices in a robust way. Semi-structured interviews allow participants freedom to respond and to respond in more depth (Bloomberg & Volpe, 2008; Saldana, 2016). The interview schedule allowed flexibility to explore unexpected areas that surface during the interview. As a single case study, these results are not generalizable, but they can provide insights for consideration in other situations (Patton, 2015; Saldana, 2016).

## **Findings**

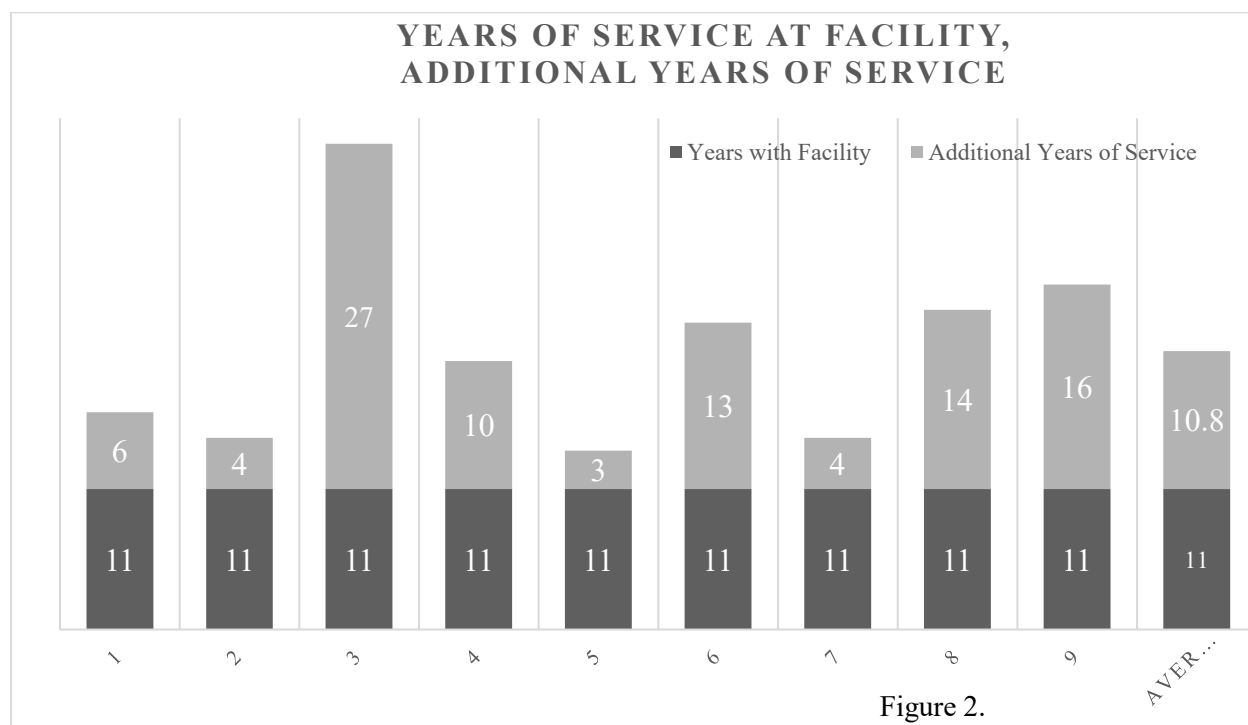
This study has four kinds of results: descriptive data related to sample participants, observational results, summary responses to implementation questions, and thematic data.

### **Descriptive Data Related to Participants**

The sample consisted of nine ( $N = 9$ ) staff participants, six (67%) of whom were women and three (33%) men. Five participants (56%) self-identified as persons of color (Black and Latino); and four (44%) identified as White, Irish Catholic, Caucasian, or American. The ages of participants ranged from 39 to 65 with a mean age just over 52.

The sample contained three job categories: correctional officers, supervisors, and administrators. Five (56%), were correctional officers; two, 22%, were supervisors; and two 22%, were administrators. The spectrum of jobs that have significant contact for instance a correctional staff to less direct contact as example an administrator.

Regarding years of service, all nine participants had been employed by the facility since it opened 11 years ago, and all had some years of service with the department before the facility opened, as shown in Table 1. Years of Service.



### Observational Results

Several notes in the field diary emerge as worthy of comment. During recruitment of participants one person asked whether *the administration* would see results. There was discernable tension in the room at the time of this comment, indicating possible strain between correctional staff and administration. During the interviews themselves, participants appeared careful with their responses to open-ended questions, a characteristic possibly reflective of this tension or possibly related to professional demeanor. Interviews with women were longer, possibly because women tend to be more relational (Miller & Najavits, 2012).

One participant made an observation regarding how, historically, corrections as a profession has viewed inmates from a criminogenic point of view—that is, viewing inmates from the perspective of risk factors for criminal activity (Bonta & Andrews, 2017)—in contrast to the more recent view that inmates are traumatized, a view that undergirds trauma-informed

correctional practices. This same participant also noted that this shift coincides with increased numbers of white inmates' population.

### **Summary Responses to Implementation Questions**

Answers implementation questions are summarized because responses to these items did not lend themselves to thematic analysis. The commonality that spanned the all five of these questions is that none of the participants indicated regret or reservation about the organization having adopted an explicit commitment to a trauma-informed approach. On the contrary, each interviewee endorsed the trauma-informed practice model. Responses to the five questions concerning implementation follow.

In response to the question, *What does the trauma-informed mission mean?* most participants said it involved having to respond to mental-health issues, remaining aware of inmate trauma, and understanding that inmates may self-medicate mental health issues through their substance use. Participants also stated that being trauma-informed means helping inmates *be more equipped, more fit to handle real life*. A gender analysis on this question indicates that men in the study noted how trauma-informed approaches might benefit incarcerated women in the long run, noting ability to succeed in their lives post-release; they discussed improvement in terms of confidence and life skills upon release. By contrast, women voiced more concerns about how to help women handle their internal lives, emphasizing utilization of programs, healing from trauma, and changes in inmate self-perception.

When asked, *Do you think inmates' trauma affects your day-to-day work?* all nine participants indicated that it does. One participant said, *The answer to that question is a very stern yes, because in this line of work as correctional officers, as supervisors, as counselors, we have to walk this line*. Another participant noted,

[Trauma] does have an effect on the day-to-day work—not to the point where I’m taking it home, and I’m trying to dissect and figure out and try to fix, but as a human being to another human being—yes, it has an effect on me. Absolutely.

In response to the training question, *What do you remember most about trauma and trauma-informed care?* one respondent stressed the importance of *understanding the concepts of trauma because if you don't have the basic definition of trauma, you won't understand how diverse it is*. Staff seemed to agree that training was central to having a trauma-informed approach. As one participant put it, *any training the staff receives provides the staff with more confidence to be able to handle people in a way that is the least difficult for [the inmate] and the least traumatizing for the staff as well*. Another said, *the most important thing to me was making sure everybody was safe*.

In response to the question *who is most impacted by inmate trauma?* Most said the correctional officer because officers work directly with the inmates 40 hours per week. Some participants also mentioned the role of counselor, noting that counseling staff listen to extraordinary trauma histories during the ordinary course of their duties. Overall, all participants emphasized how trauma histories in the population impacts everyone (across job categories) in the facility.

Lastly, participants addressed the question *what are signs that tell you an inmate is being triggered relative to her trauma?* Consistently, participants indicated that body language served as a primary indicator. Staff members suggest that they look for changes in behavior like becoming more agitated physically or withdrawing socially.

Four themes emerged from the rest of the interview data. These include: tuning in to mental health, safety, staff insights, and challenges of trauma-informed corrections. Each theme

carries subthemes supported by data from the participants. The participants indicated that implementing a trauma-informed approach to corrections has helped staff *tune in* to the mental health needs of the inmates. Trauma-informed training assisted staff with cultivating a lens that blends trauma-informed practice with the mission of public safety, care and custody, and reducing recidivism. Tuning in to mental health needs had two subthemes: resources to support staff mental health and respect for human dignity.

### **Themes**

Participants noted that the facility has put into place several mechanisms to help staff deal with residual effects of trauma. For example, after a suicide attempt, trained staff peers check in with first responders through the Critical Incident Response Team. Participants described the mechanism as supported by line staff, supervisors, and the top administrator of the agency. Some participants reported that colleagues or close associates helped them to cope with encounters with inmates who had engaged in self-harming behaviors.

**Respect for human dignity.** This was a significant subtheme related to mental health. Every participant discussed how the trauma-informed approach helps them be more conscious of the need for respect and the need to treat inmates with human dignity. For example, one participant said,

*It's just a matter of understanding, and, again, sympathizing with the inmate, and modifying your interaction to maybe ease a little bit of the angst they experience*

Another participant said,

we're here as a correctional center to help individuals and not punish individuals. Our main goal is to try to better them back out on the street, whether it's something that happened in their childhood or wrong place wrong time for them, or whatever it may be.

## Safety

This theme was discussed by every respondent. Participants talked about safety in connection with inmates, themselves, and anyone else who might be in the facility, such as volunteers or vendors. The following two quotes from participants:

Not only do we want to make it safe for the inmates, but also want to make it safe for other inmates, the other staff member, or anybody else who's in that, who's in that vicinity.

Definitely, definitely. I think they feel safe, yes, because that's our number one goal is to keep them safe here. We have such a focus on them, safety, we have cameras, we have the staff.

Cultivating and ensuring a secure environment was a thread that ran through the fabric of the interviews, resulting in a collective theme in which safety figured centrally.

## Staff Insights

Staff articulated three insights as a result of having implemented a trauma-informed approach: the importance of listening, the importance related to professionalism, and the importance of holding inmates accountable for their behavior.

**Listening.** The transcripts contain many, many references to attending to an inmate through listening. Since putting a trauma-informed approach to work for some years, the staff have come to value listening more; they see that it helps them do their jobs more effectively. Before the trauma-informed training in 2007 launch, the staff's point of reference was to think about tactical responses to problematic inmate behaviors. Now they are more likely to use interpersonal communication skills as a first-line intervention. As one respondent reported, *Sometimes it is just the listening part, and that's all someone needed.*

Another participant reported,

*I just pulled her aside, and I listened.*



**Professionalism.** The term professionalism arose in comments of the participants in connection with respect and consistency with inmates. Two respondents express the view on the importance of professionalism:

I believe that being trained as a professional relative to what a person has endured in their life is that [professionalism]. Our professionalism, the way we interact with [the inmates], is a big part of them carrying themselves in a manner which [inspires the response reflected by the statement], 'I'm getting respect from the staff, I'm going to show respect, I'm going to attend my programs.' As I said, it all works in conjunction.

But once the inmates get to know the staff on the professional level, I think they [inmates] Feel more secure than they did at the beginning because they know that we're there to protect them not only from other inmates, but staff or whatever.

**Accountability.** Several participants offered the idea that trauma-informed practice affects staff ability to hold inmates accountable. Two participants stated,

There are some areas of awareness, and we know that there is impulse controls, but we also have to still hold [the inmates] accountable. Another said, I think we are more stringent with our rules. We really put ownership on [the inmates] and accountability on them.

[Correctional officers] will give them more opportunity to have a cool down period, as opposed to just lock in and be authoritative.

### **Challenges of Trauma-Informed Corrections**

Participants noted challenges to maintaining trauma-informed and gender-responsive practices in the women's correctional facility. Female staff commented on gender-responsiveness training needs for their male counterparts. One participant said,

I don't mean to sound very biased, but I think some men have to get a little bit more training. The reason I say that is because of my years of experience.

Another challenge noted has to do with the difficulty of articulating trauma effects because of the complex world of a woman ... Trauma, crisis, PTSD, all that stuff that can be all in one little body and can be so complex all in one second. Another challenge has to do with support for staff. As one correctional staff noted:

*I'm worried about having enough support for staff, I really am, and I don't mean the kind where you go out and have a drink.*

### **Discussion**

This study confirms that in a facility that has adopted a trauma-informed approach to staff-inmate interactions, staff see that promoting mental health is a part of their mission and they see themselves as key elements in a trauma-informed facility. Interpretations of the findings in the context of previous scholarship, unexpected outcomes, and implications for practitioners and scholars follow. Such comments take on a particular meaning in a correctional context, since the cultivation of pro-social attitudes like accountability figures centrally in the mission of the field (Bonta & Andrews, 2017).

### **Findings Supported by the Literature**

Safety, both physical and psychological, emerged as critical to participants in this study, which is exactly the attitude we hope for in those entrusted with the care of these mothers, daughters, sisters, and even grandmothers. Indeed, participants in this study stated that safety

was essential to their relationship with inmates and to creating an environment that minimizes triggers and makes the day go better for inmates as well as for themselves. Participants reported that since beginning trauma-informed practices, inmate cooperation has increased, making disciplinary actions go more smoothly and with fewer complications. This finding aligns with the emphasis in Najavits (2002) on the role of safety in trauma and recovery.

Insights related to listening, professionalism, and accountability are consistent with what Miller (1986), Jordan et al (1991), and Harris (2017) have already observed and discussed. Having a perspective on inmate interactions that put trauma in focus seems to have moved staff to attend more closely and more carefully. It is a simple insight, but one that arises in participants' comments as a powerful shift in how they approach their work. It is also noteworthy that the interviewees referred to themselves as professionals. The term appears to signal that staff took their work seriously, indicating a sense that it was more than just a job for them. Finally, it is imperative for those who are suspicious of trauma-informed corrections—management and line staff who believe that it perhaps “coddles” inmates—to hear that the participants in this study note that inmate accountability continued to occur in the trauma-informed practice model.

### **Unexpected Finding**

As a matter of context, the proportion of those among incarcerated women who identify as white is growing, nationally (Carson & Anderson, 2016). This demographic shift became more pronounced at the facility in the case study due to the 2013 jurisdictional change that directed a large and overwhelmingly white county to begin sending its incarcerated women to the facility. For the first time in the county's recent history, the correctional center serves a majority of White women, perhaps making the observations about race rise to the surface. As already

noted, one participant connected the transition from a more criminal focus to one focused on victims of trauma with increasing numbers of white inmates. The current social and historical climate perhaps puts issues of race and class more prominently in the public's consciousness, and therefore in the consciousness of participants in this study. This is significant because it is an on-the-ground recognition of the intersectionality between race and corrections.

### **Implications for Practice and Further Research**

This research has important implications for social work practice in the context of the correctional environment. First, there is the issue of staff burnout, which is clear from the comments of the participant who voiced concern about having enough support staff and the participant who described staff members supporting one another after encounters with inmates who had engaged in self-harming behaviors. When considering staff burnout, it is important to recognize the reality of vicarious traumatization (Miller & Najavits, 2012). Addressing the connection between witnessing trauma and experiencing burnout might save the organization sick days, lost time, and turnover. By responding effectively to daily trauma, perhaps the experience of vicarious traumatization and subsequent burnout can be impacted.

Second, the research makes clear that ongoing training is essential in trauma-informed practices, as is practicing related skills. Being able to identify signs that someone is being triggered serves as a practical asset, a benefit not merely for the inmate but also for the staff.

### **Implications for Corrections**

From this case study certainly while its findings are certainly valuable, other scholars should replicate it in correctional context to determine how generalizable the findings may be. Further research: how might social workers might help correctional systems continue to build on trauma-informed on trauma-informed approaches would also be useful.

As a social work provider and supervisor of many years, my social work perspective inevitably informs the consideration of a correctional setting in this project, which raises an additional question worthy of future research: how might social workers help correctional systems continue to build on their trauma-informed approach, and help better equip their staff? Additional research related to how social work educators could best prepare emerging social work professionals to meet challenges and provide leadership in the area of trauma-informed corrections, or in serving justice-involved adults in other settings.

Finally, more research that will explore racial economic, social and dynamics with racial and economic disparities. More specifically, how do these topics translate in situations where there are differences and similarities between and among correctional staff and the inmates with whom they work? How does race impact correctional professionals' willingness to see trauma history versus criminality in the pathway to incarceration?

In conclusion, there is a professional and moral duty for social workers, collectively and as a profession, to raise the level of engagement and positive impact in confronting the problem of disproportionate and mass incarceration in the United States in these early decades of the twenty-first century. Alternatives to incarceration, improved practice skill with justice-involved individuals, methods for reducing recidivism, and structural changes to reduce disparities must occur (Pettus-Davis & Epperson, 2015). Within the field of corrections, addressing gender-specific risks and needs including trauma sequelae has shown promise (Bonta & Andrews, 2017; Kubiak et al., 2017). Since social workers have long emphasized effective practice behaviors to support survivors of interpersonal trauma, we have specific contributions that would benefit further evolution of correctional systems toward trauma-informed approaches. Social workers

therefore have important calls to action on micro, mezzo, and macro levels in support of gender-responsive and trauma-informed correctional practice.

This study found that correctional officers, supervisors, and administrators who had been at the facility since its inauguration of a trauma-informed approach reported universal commitment to trauma-informed corrections and felt that the method made a positive difference both in their own work lives and inmates' behavior and outcomes. The participants consider themselves professionals and speak with pride about their work in delivering trauma-informed and gender-responsive care. This study gives policy makers who are concerned with transforming jails and prisons at least for women valuable data on the reactions and feelings of staff, who emphasized the importance of tuning in to mental health needs, listening to inmates, and maintaining a safe environment, while also holding inmates accountable. Hitherto, the research has overwhelmingly focused on the inmate when it comes to the impact of trauma. This study suggests that greater understanding of a gender-responsive, trauma-informed mode of interaction is important for dealing with any population in crisis, but especially those facing the hardship of incarceration.

In terms of implications for correctional facilities, these research findings (focused on a regional female correctional facility) should inform future research related to incarcerated male populations. Incarcerated men also present with histories of trauma, and more research related to how a trauma-informed approach to corrections for men could improve practice. State and federal facility staff perceptions should also be explored.

**Correctional, Relational and Trauma-Informed:  
Could Jail Be a Place of Healing for Women?**

C.J. Van Wright

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School of Social Work

**Abstract**

Within the confines of women's correction center, the interactions among trauma informed staff members and incarcerated or justice-involved women hold the promise of empowering and energizing inmates toward a transformative trajectory to improved lives after incarceration. With a well-documented prevalence of early and repeated interpersonal trauma far surpassing the general public, incarcerated women represent a population well-suited to trauma-informed correctional practice. In a slide presentation, the presenter shares findings relating to staff perceptions relating to awareness of inmate mental health and the importance of respect for human dignity.

Key words: trauma-informed, incarcerated women, correctional staff, gender-responsive



For my topic “*Trauma-informed Social Work in Criminal Justice Settings*” I sought to share with correctional professionals the insights, initial findings, and concepts arising from the qualitative research efforts in my doctoral study during the October 2018 Indiana Criminal Justice Association’s annual conference in Michigan City, IN. The conference presentation allowed me the forum to express the importance of trauma and the priority to understand more fully the needs of justice-involved women with histories of trauma, including how those issues may affect the work of criminal justice professionals.

### **Presentation of Content**

For the October 4, 2018 presentation, I utilized the PowerPoint slides that follow, sharing comments roughly as reflected in the accompanying presentation script. The presentation title, *Correctional Relational and trauma informed: Could Jail Be a Place of Healing for Women?* appeared in the conference program and drew attendees who work in prisons, jails, and probation departments.

The intellectual context for the presentation involved immersion in the literature specifically addressing the needs of incarcerated women, including Najavits (2002), Petrillo (2016), and The Sentencing Project (2012). Social work scholars argue that including incarcerated populations among priorities for the profession is long overdue (Pettus-Davis & Epperson, 2015), and others also emphasize the moral imperative to reduce the outsized scope and unequal impacts of the U.S. justice system (Alexander, 2010; Stevenson, 2014).

The research project reflected the theoretical emphasis on relational connection that threads through the banded dissertation. With trauma-informed practice as the unifying theory connecting my overall study, relational-cultural theory and constructivist self-development theory provided important theoretical frameworks for discussion of optimal system change.

Presenting the findings pushed me to articulate the value of a qualitative approach as a means to focus on the relational interactions between incarcerated women and staff from the points of view of those staff. My research sought to understand how social workers and other professionals might best meet the needs of incarcerated women, and presenting preliminary findings gave me an important audience to increase that understanding. Talking directly with criminal justice professionals at the conference offered energy and inspiration to continue and expand the work.

### **Presentation Attendee Feedback**

There were about twenty people in attendance at the Indiana Criminal Justice Association's annual conference in Michigan City, IN when I presented my research findings using a PowerPoint presentation. Most attendees were women; there were about three men. In general, the audience engaged attentively, appearing to listen reflectively and critically. The theme of the conference was "Lighthouse of Hope," and attendees included probation and parole officers as well as correctional counselors and administrators.

Participants expressed interest in insights practically useful to their work, one mentioning "what you say makes sense of what I see every day." There appeared to be interest and generally positive reception to the notion that pursuing trauma-informed practice in a correctional setting could add value to care and custody operations.

After the presentation, several comments and questions arose, but two specific questions caused me to reflect on my presentation style, content, and organization. The first of these was the question, "What is trauma-informed?" Since that is the first point covered in my presentation and its central focus, it was worrying to me that the audience member had failed to understand what a trauma-informed approach was. Had I defined the term well enough? A second person

asked how a trauma-informed operation would look different than other facilities. Again, the answer goes back to defining concepts such as *trauma-informed* and *trauma-informed practice*.

Both questions in some way underscored a dilemma for scholar-practitioners in that intellectual immersion in a topic can desensitize us as thinkers to the unfamiliarity of fundamental concepts to practitioners whose daily demands come in the form of work tasks and practical demands, rather than concepts and ideas. The need for explaining and reinforcing operational definitions became clearer as I discussed the presentation with the attendees.

Other questions were more informational in nature. For instance, one woman asked for an instrument she could use to gather trauma data from her clients, and I advised her to use the questions published through adverse childhood experiences (ACE) study (Felitti et al., 1998). Another person asked why only nine people were interviewed. The attendee appeared to conceive of research in terms of large quantitative research approaches. I offered introductory thoughts regarding qualitative research, in which findings arise from in-depth analysis of content from a relatively small data set. I explained that the parameters of the study were such that although I interviewed ten people, only nine met the criteria, and I explained that because I was doing this research by myself, and because it was a labor-intensive, qualitative study, interviewing larger numbers of people was not feasible.

One person made a comment about empathy that was validating and insightful: “You’re very on target about empathy ... But actually, people need training or support even to understand what empathy is. They confuse it with sympathy, and think, ‘I don’t have sympathy for that inmate.’ It’s us-them thinking that’s the norm in corrections, at least some places.” The attendee echoed Shaefer (2017) in observing prevailing professional attitudes that emphasize role rigidity and create psychological distance between staff and inmates. It is often confusing for people to

differentiate empathy from sympathy. I concur with the attendee that staff need training and support to understand and employ empathy in practice situations effectively.

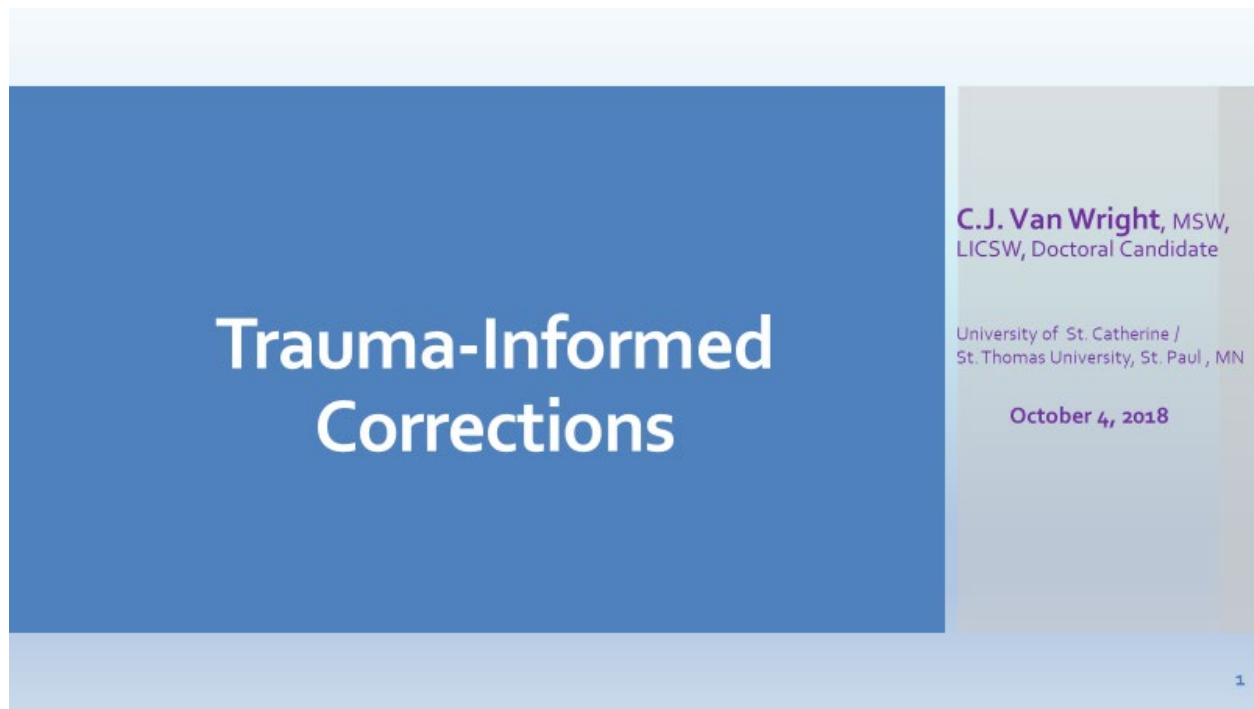
A final significant question was, “How prevalent is trauma in the population at the facility? Are they [the facility] measuring this in any ongoing way?” This person asserted that some women at the facility might not have trauma and wondered how suitable the approach might be for the majority of incarcerated women. A trauma-informed approach assumes that all or nearly all the women in a practice setting will have some degree of trauma history, and that protocols designed to support trauma survivors will do no harm to those without such history (Kelly & Garland, 2016).

Several attendees thanked me for sharing ideas they could use to increase their understanding of the population they serve. From observing participant engagement in the workshop, I came away with the impression that shining a light on trauma and how trauma may affect criminal justice practice settings cultivates hope among staff who attempt in their everyday work lives to make a positive difference with incarcerated women.

### **Reflection**

Discussing my topic “*Trauma-informed Social Work in Criminal Justice Settings*” with correctional professionals currently working in the field strengthened my voice as a writer and as a scholar-practitioner. In the effort to articulate more fully the needs of justice-involved women with histories of trauma specifically through exploration of the perspectives of correctional staff, I found the preparation, delivery, and dialogue tremendously valuable. Doctoral work has the potential to contribute meaningfully to the intellectual dialogue occurring in the field, in my case specifically impacting systems of care for justice-involved women. While there remained after the conference a considerable amount of work to complete the conceptual paper and research

project, the experience of peer-reviewed conference presentation brought energy and perspective that increased momentum, motivation, and confidence.



**Trauma-Informed Corrections**

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University of St. Catherine /  
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**October 4, 2018**

1



**Research Question**

**What are staff perceptions regarding the implementation of trauma-informed practices, and the impact on inmates as well as staff?**



1

# What do we already know as a field?

Current literature on female inmates, trauma, corrections, and trauma-informed corrections

Literature Review



1

## Authors' Voices

Matthew Epperson  
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Judith Jordan  
Bryan Stevenson  
Marjorie Rock  
Lisa Najavits  
Stephanie Covington  
Lawrence Berg  
Jean Baker-Miller  
Gerald Landsberg  
Susan Burton  
John Creswell  
SAMHSA



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**A regional women's correctional facility  
in the northeast**

## Case Study

- ✓ Gender – Responsive
- ✓ Trauma – Informed
- ✓ Culturally Aware
- ✓ Family Focused



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## Methodology



1



## MISSION STATEMENT

The [redacted] Women's Correctional Center ([redacted]), a component of the [redacted] County Sheriff's Department, is a regional, multilevel security facility for women. Under the auspices of the Sheriff's Department's mission, the center provides for public safety by applying best practices using criminogenic principles, gender-specific programs and operations in a humane, safe, and secure environment. As a full partner in the criminal justice system we seek to be a leader in the evolving model of women's corrections.

## Case Study

As a member of the [redacted] community, the center strives to be a good neighbor, responding to the needs of the community by providing public information and community service. In collaboration with the community the center offers **a multi-disciplinary approach that is trauma-informed, gender-responsive, family-focused, and culturally aware.**

The mission of the [redacted] is to empower women to reclaim their liberty through informed and responsible choices. This mission is accomplished through a professional, well trained, and dedicated staff committed to the goals of the facility. The continuum of care, from entry to post-release, is designed to promote successful offender re-entry as socially and civically responsible citizens.



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## Sampling

### Purposive

- Non-random
- Sought representation based on position (title), ethnicity, gender and age

### Screening Criteria

- Current employee at facility
- 10+ years at the facility (in order to have experience with change to trauma-informed mission)

### Recruitment Procedures

- Recruitment announcement for volunteers
- Sought volunteers at roll calls over three shifts and one unit staff meeting
- Acknowledged with \$10 Dunkin Donuts Gift Card



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# Who were the respondents?

Characteristics by age, ethnicity, gender,  
job category, and years of service



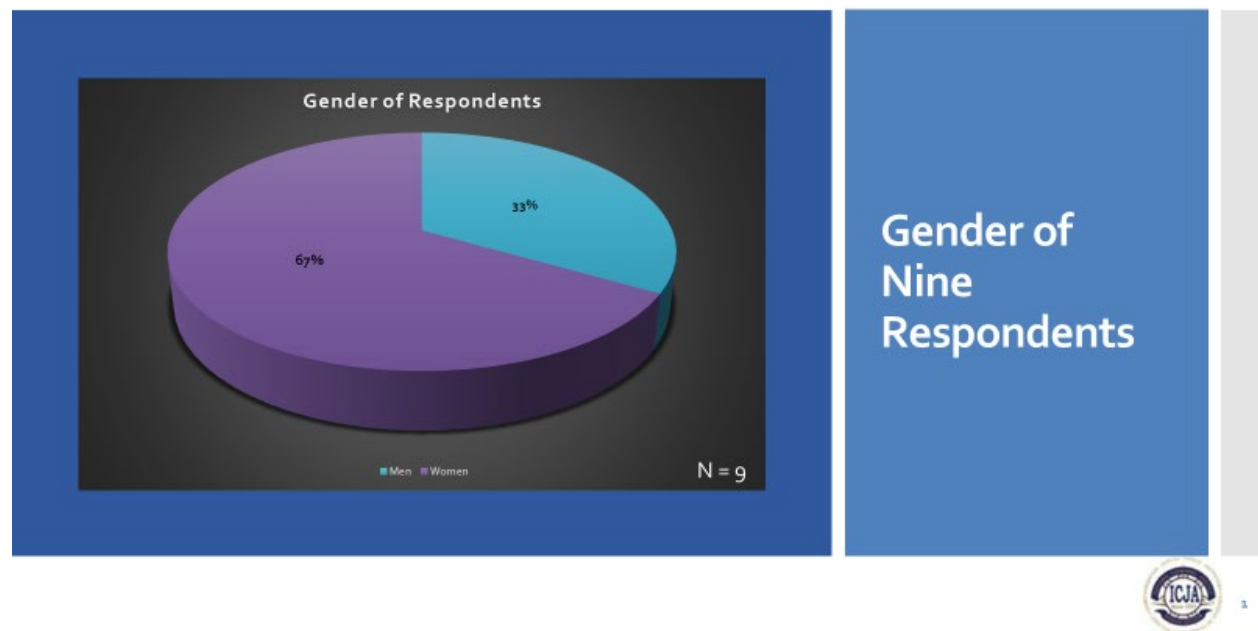
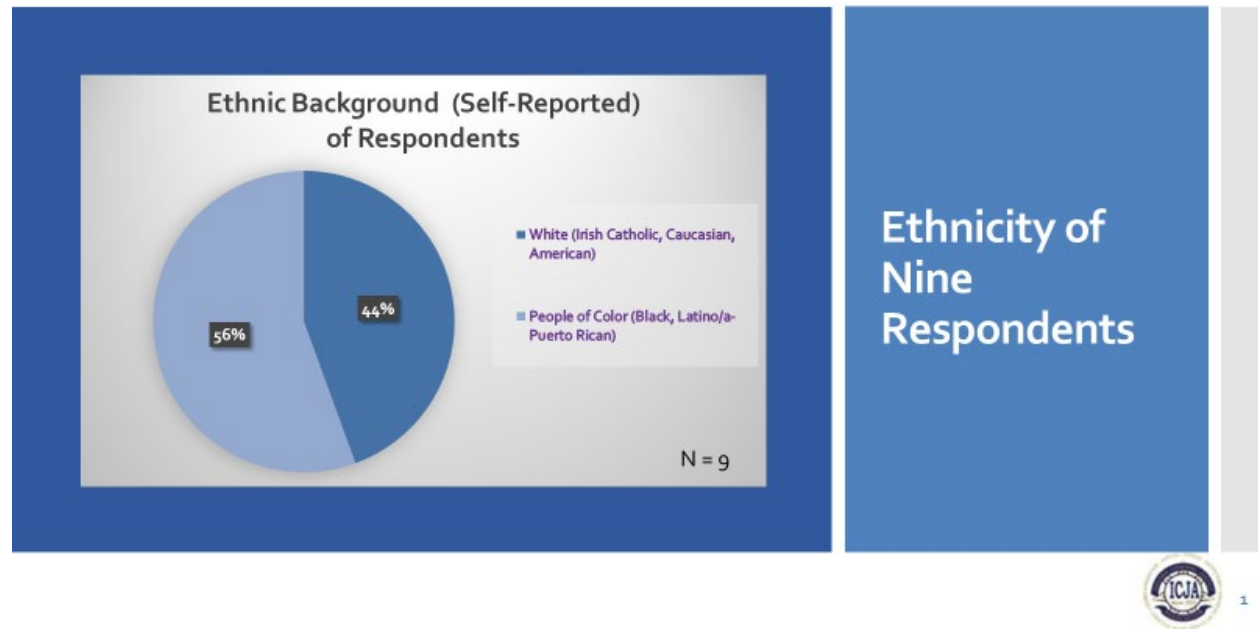
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## Age of Nine Respondents

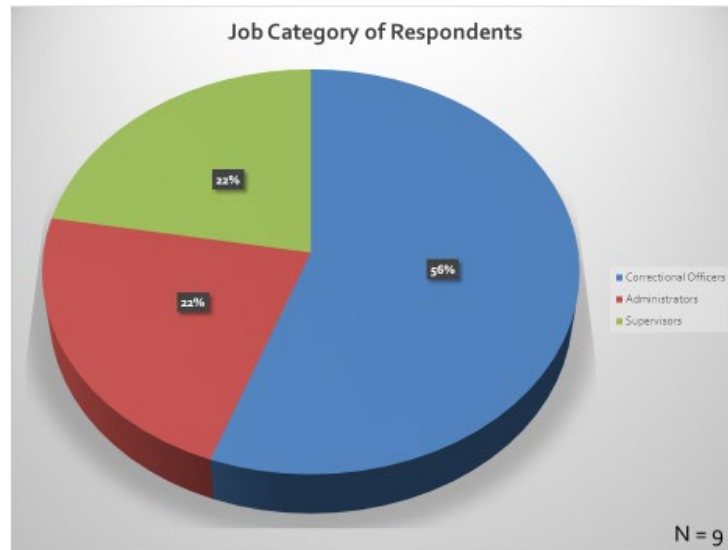
### Age of Respondents



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## Job Category of Respondents



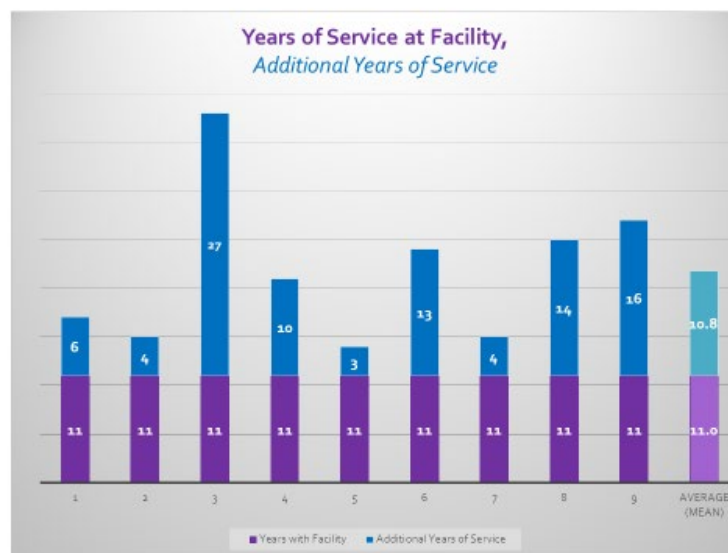
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## Years of Service

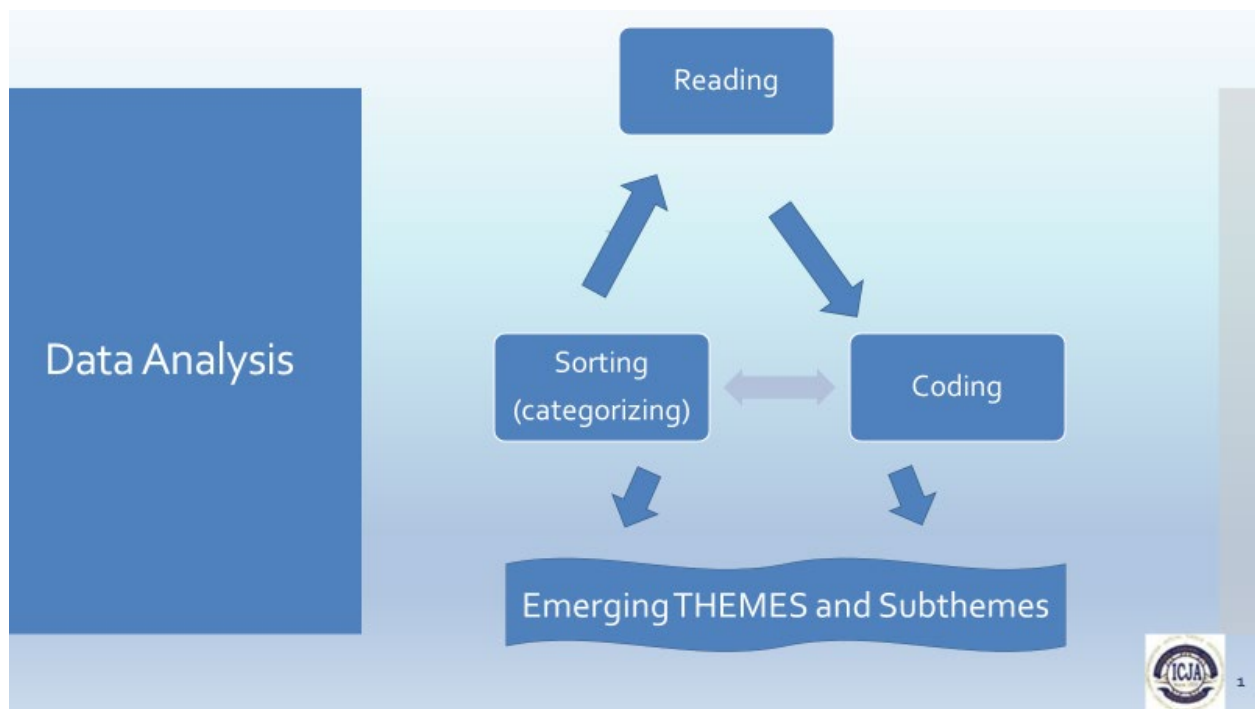
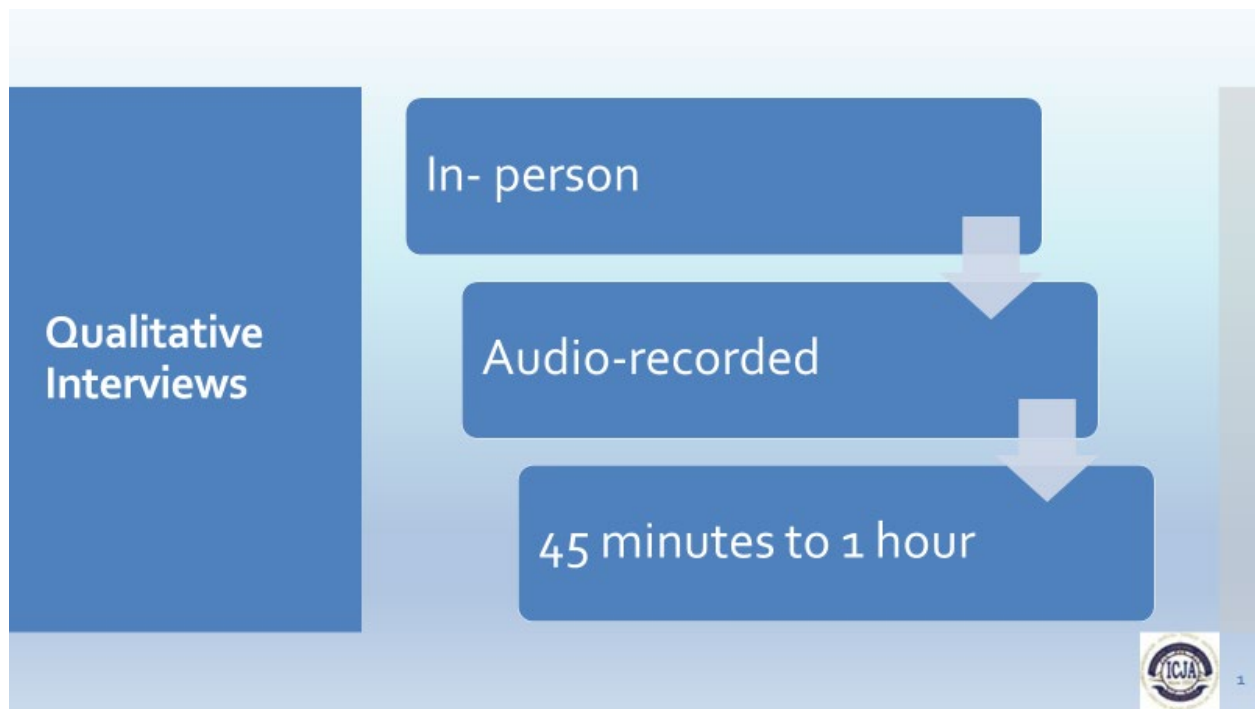
N = 9

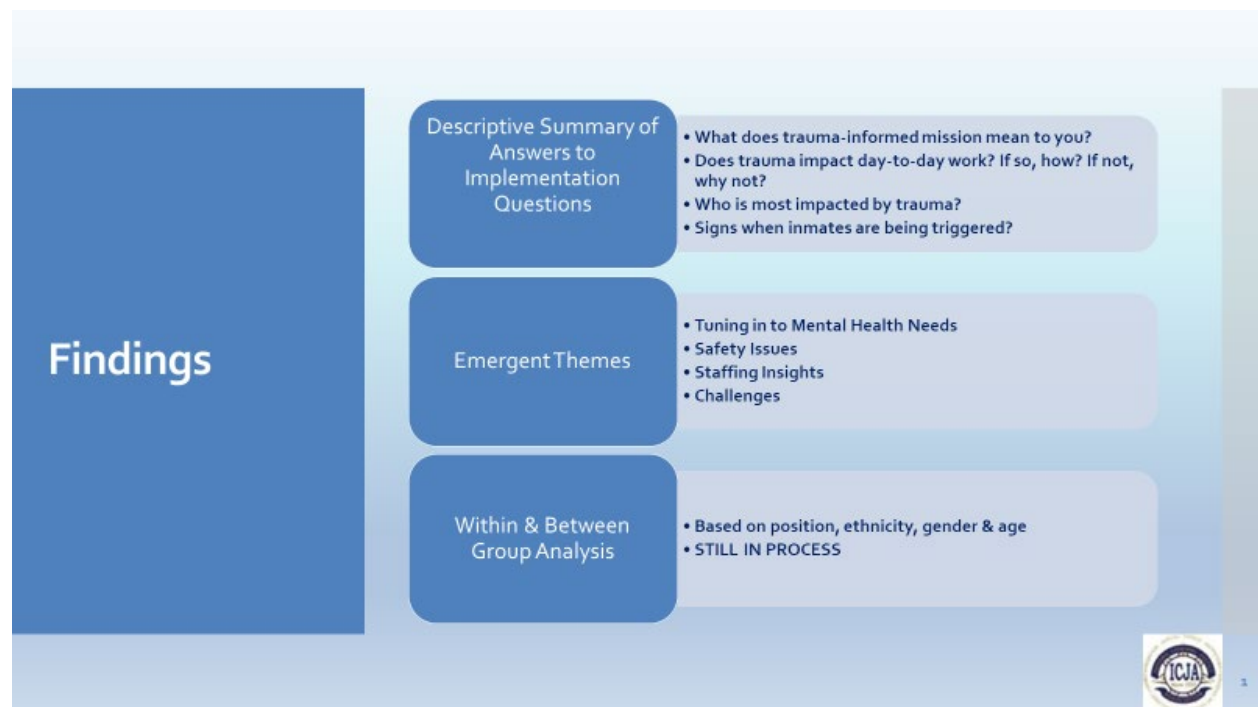
mean years (at facility) = 11

mean years (in corrections) = 22



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## Descriptive Summary of Implementation Questions

### 4 Implementation Questions

- Trauma-informed Mission?
- Trauma-informed Training?
- Does trauma impact day to day work?
- Who is most impacted?

"If you don't have the basic definition of trauma, you won't understand how diverse it is."

"Any training the staff receives gives them more confidence to be able to handle people in a way that is the least difficult for [the inmate] and the least traumatizing for the staff as well."



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## Emergent Themes & Subthemes

- Tuning in to mental health
- Safety
- Staff insights
- Challenges of TI Approach to corrections



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## Tuning in to mental health needs

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Increased Awareness of Inmate Mental Health

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Resources for Staff Mental Health

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Respect & Human Dignity

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## Safety

"Not only do we want to make it safe for the inmates, but also want to make it safe for other inmates, the other staff member, or anybody else who's in that, who's in that vicinity."

"Definitely, definitely I think they [inmates] feel safe, yes, because that's our number one goal is to keep them safe here. We have such a focus on them, safety, we have cameras, we have the staff."



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<b>Staff Insights</b>	<b>Listening</b>	<b>Professionalism</b>	<b>Holding Inmates Accountable</b>
	<p>"Sometimes it is just the listening part, and that's all someone needed."</p> <p>"I just pulled her aside, and I listened."</p>	<p>"Our professionalism, the way we interact with them [inmates] helps them show respect, and attend [their] programs."</p>	<p>"There are areas of awareness, we know that there is impulse control, but we also have to still hold them [inmates] accountable"</p> <ul style="list-style-type: none"> <li>• "I think we are more stringent with our rules. We really put ownership on them [inmates] and accountability."</li> </ul>

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<b>Challenges</b>	<b>Gender Issues</b>
	<p>"I don't mean to sound very biased but I think some men have to get a little bit more training. The reason I say that is because of my years of experience..."</p>
	<b>Other Limitations:</b>
	<p>[Articulating trauma effects can be challenging because of] "the complex world of a woman....trauma, crisis, PTSD, all that stuff that can be all in one little body and can be so complex all in one second."</p> <p>"I'm worried about having enough support for staff, I really am, and I don't mean the kind where you go out and have a drink."</p>

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## Discussion

### Implications for Social Work

- race and economic disparities ?
- the role of Social Workers?

### Implications for Correctional Facilities

- incarcerated men and trauma-informed practice?

### Implications for Further Research

- what outcome indicators (within facilities, after incarceration...) appear to correlate with implementing trauma-informed practice?

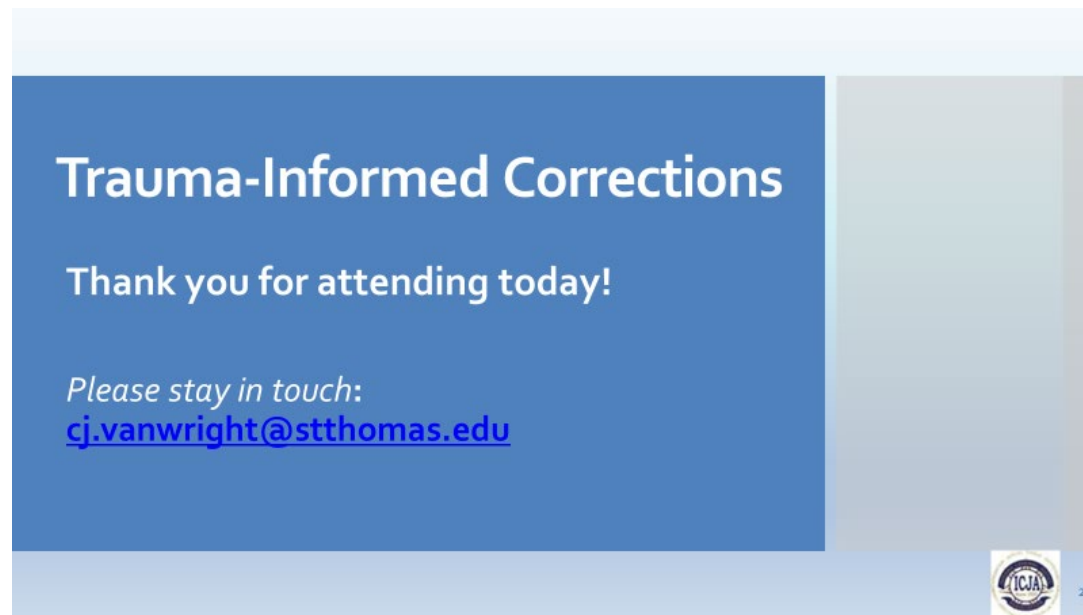


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## Questions?



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### **Trauma-Informed Social Work in Correctional Settings**

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Presented at Indiana Criminal Justice Association Fall Conference on October 4, 2018

#### **Notes for PowerPoint Presentation**

##### **Slide 1 INTRODUCTION**

Law enforcement connection; CJ's current topic interest; I have been doing psycho education trauma group for nearly two decades. TI social work in correctional setting. Thus, CJ's interest...will discuss in more detail as we move through slide presentation. When I began immersing myself in what researchers have written on these matters, what evolved was research question...

##### **Slide 2 THE RESEARCH QUESTION**

“What are staff perceptions regarding the implementation of trauma-informed practices, and the impact on inmates as well as staff?”

**Slide 3          Brief overview of relevant literature**

What is the literature saying? Women are being incarcerated at an accelerated rate. While there are still greater numbers of men being incarcerated, the rate of growth for incarcerated women is faster. The Literature also talks about women having special needs **across the correctional continuum** that affect outcomes. We know that a women's pathway to corrections has a **history of trauma and addiction**; these numbers are disproportionately higher women in corrections than in the general population.

The literature supports trauma-informed organizations as part of best practices (SAMHSA, NIC).

When referring to what is meant by a trauma-informed organization, the literature suggests that a trauma-informed correctional facility should **assume** that the majority of women coming into care and custody arrive having **a history** of interpersonal level of trauma and SUD. This awareness is critical so that correctional procedures and practices do NOT have a re-traumatizing impact

**Slide 4          THEMES FROM LITERATURE REVIEW**

A major theme in gender-responsive practice for women is to account for histories of interpersonal violence and how that plays out over the lifespan. Stephanie Covington notes that "becoming trauma-informed is a core element in women's treatment" and that "risk for abuse is gendered" (Covington, pg.73).

The Institute for Health and Recovery notes in "*Why Trauma Matters*," their training curriculum for corrections personnel working with female offenders," there **are unavoidable triggers in**

**any correctional setting....”** We want to **“acknowledge, explain, and give as much choice and control as possible,”** which allows the survivor to predict and self-regulate.

This matters for the sake of the incarcerated women, and it also affects a key priority in corrections: improving public safety through reducing recidivism. Research has indicated that PTSD Sx correlate with increased recidivism (Sadeh & McNiel, 2015).

## **Slide 5          METHOD**

I used a qualitative case study method for this research.

## **Slide 6          The Case Study**

Here is a replica picture of the facility that was the case under study (not the real image of the facility). As you can see from this slide, the case is a women’s correctional facility located in the Northeastern region of the U.S. It prides itself in being gender-responsive, trauma-informed, culturally-aware, and family-focused.

## **Slide 7          Mission**

Here is the actual mission statement of the facility, and I’d like to highlight portions of it... The facility opened in 2007 with this mission statement, and all 135 staff who worked there initially received intensive training in the topics, as well as annual and ongoing training following all staff over time.

## **Slide 8          Sampling**

In order to get good answers to my research Q, I needed to be able to talk with persons who were knowledgeable about implementing a trauma-informed approach, so as you can see from this slide, my sampling method was **PURPOSIVE** since my aim was to recruit staff at the facility reflecting various positions, ages, ethnicities and genders.

To be eligible for participation in my study, respondents had to be current employees of the facility, AND they had to have worked there for more than 10 years in order to have witnessed the transition to becoming a trauma-informed facility. I recruited participants from all 3 shifts and left materials in mail room.

### **Slide 9          Descriptive Data about Participants**

At this point I want to give you a bit of descriptive data about my study participants in terms of position, age, ethnicity, years of service at the facility and gender.

### **Slide 10          Age**

As you can see here, ages of participants ranged from 39 to 65, and the mean age was just a little over 52.

### **Slide 11          Ethnicity**

Of the 9 respondents, 5 (or 56%) were persons of color (Black and Latina), and 4 (44%) identified as white (Irish Catholic, Caucasian, and American). Interestingly, this proportion is opposite the prison population itself, which is roughly 75% white and 25% Black and Latina.

### **Slide 12          Gender**

As you can see, 6 of the 9 participants (or 67%) were female, and 3 (33%) were male. This is also an inverted mirror of the staff of the facility, which is 30% female and 70% male.

### **Slide 13          Job Category**

- 56% (or 5 people) were correctional officers
- 22% (2 people) were supervisors, and
- 22% (2 people) were administrators.

Since the intent of the project was to cover the range of job categories, the purposive nature of sampling was achieved.

#### **Slide 14      Years of Service**

All respondents had been employed by the facility since it opened 11 years ago; and all had some years of service with the department prior to the facility opening. The portion in blue indicates the years of service prior to the facility opening, which may or may not have been years of practice directly with the women or with trauma-informed aims.

#### **Slide 15      Back to Methodology**

Getting back to my methodology, this slide references the fact that my case study was completed using qualitative, semi-structured, interviews lasting approximately 45 to 60 minutes. These interviews were conducted in person, using the same basic schedule of questions, following-up with each participant as needed. Excluding demographic Q's, the interview questions can be grouped into three general categories: implementation of T.I. Practices, training they received related to T.I. care, and their perceptions of the impact of trauma-informed practices on the inmates themselves.

#### **Slide 16      Data Analysis**

The process of analyzing qualitative data is **iterative** and extremely **time and labor intensive** – as anyone who has ever done qualitative research knows! First, the interviews are transcribed verbatim, and then edited for accuracy. The next step is to thoroughly read each transcript (multiple times!) without taking any notes or coding. This is analogous to data entry for the qualitative researcher who **IS the instrument** of data analysis. The researcher is then in a position to begin **preliminary coding of each transcript**, and then **sorting** into preliminary

categories. This process continues in an iterative fashion by re-reading, coding and sorting until **themes and sub-themes emerge** from the data.

I intentionally did this process **manually** using hard copies of color-coded transcripts and color-coded files in order to immerse myself thoroughly in the data.

### **Slide 17      A glimpse of practical reality**

My assistant is half Pekingese, half Toy Poodle. As you can see, all surfaces of my home including the kitchen floor were at times involved. Thankfully, “Buster” did not chew any crucial transcripts. ;-)

### **Slide 18      Findings**

There are several kinds of findings in this study. First there are **descriptive findings** related to the participants themselves (covered earlier in this presentation), and participant answers to implementation questions, which I will address momentarily. There are also **thematic findings** from the interview data that I will also present today. As shown on this slide, there are 4 themes that emerged from the interview data.

\*Also noted here, and important for me to acknowledge is the fact that I am still in the process of *completing my within and between group analysis of this data. Having a disciplined, systematic* process for considering similarities and differences between participants based on their job classification (position), age, ethnicity and gender is important to the rigor of **any** study, and to making reasonable assurances that I just didn’t find what I was looking for.

So, in the spirit of transparency and acknowledging the work I have yet to complete in terms of data analysis, I want to start with a brief summary of participant responses to implementation-

related questions, followed by each of the 4 themes (and related subthemes), providing you with as much supportive documentation as time will permit us today.

### **Slide 19      Summary of Responses to Implementation Q's**

I asked staff 4 basic questions related to implementing a trauma-informed approach:

1. What does the mission statement about being “trauma-informed corrections” mean to you?
2. Do you think their trauma affects your day to work?
3. What staff is most impacted by inmate trauma?
4. What are signs that an inmate may be being triggered around her trauma?

So, in response to the **Q about what trauma- informed mission** meant, most respondents said it had to do with having to respond to a lot of mental health issues, being aware of inmate trauma, and how inmates may self-medicate mental health issues through substance abuse. They stated that being trauma-informed means that they help inmates be “**more equipped, more fit to handle real life,**” once they leave the facility.

One talked about the importance of “understanding the concepts of trauma because if you don't have the basic definition of trauma, you won't understand how diverse it is,” which speaks to the importance of training. Staff seemed to agree that training was central to having a trauma-informed approach. As one person put it:

“Any training the staff receives provides the staff with more confidence to be able to handle people in a way that is the least difficult for [the inmate] and the least traumatizing for the staff as well.” Another said, “The most important thing to me was making sure everybody was safe.”



In response to **whether trauma affects your day to work, all nine participants said yes it does.** As one participant says, “The answer to that question is a **very stern yes**, because in this line of work as correctional officers, as supervisors, as counselors, we have to walk this line.” Another participant noted, “[Trauma] does have an effect on the day to day work-- Not to the point where I'm taking it home, and I'm trying to dissect and figure out and try to fix, but *as a human being to another human being, yes, it has an effect on me. Absolutely.*”

In response to the Q, **who is most impacted by inmate trauma?** many respondents said the correctional officer because they are with them 40 hrs. a week. They might also add the counselor, because they listened to detailed trauma histories. Overall, everyone emphasized how everyone is impacted (across job categories).

And lastly, the question: what are **signs that tell you an inmate is being triggered** by her trauma? Consistently those that responded indicated that body language was a primary indicator. They look for changes in behavior like becoming more agitated or withdrawing.

#### **Slide 20      4 Emergent Themes and Subthemes**

As already noted, here are the 4 emergent themes—tuning in to mental health, safety, staffing issues, and challenges of trauma-informed corrections—as we go through each theme, I will note subthemes and provide supportive documentation...

#### **Slide 21      Tuning in to Mental Health Needs**

The participants were clear that implementing a trauma-informed approach to corrections has helped staff “tune in” to mental health needs of the inmates. Trauma-informed training assisted staff with cultivating a lens that blends TI practice with the mission of public safety, care and custody, and reducing recidivism.

This theme had three subthemes. They include:

- **Increased awareness of inmate MH**
- **Resources to support staff MH** Participants noted that there's a lot of things that the Sheriff's Department has put into place to help staff deal with trauma. For example, if there's a suicide attempt, we have a Critical Incident Response Team that checks in with staff.
- **Respect and Human Dignity.** This was a significant theme and every participant discussed how the trauma informed approach helps them be more conscious of the need for respect and to treat inmates with human dignity. For example, one participant said, "It's just a matter of understanding, and, again, sympathizing with the inmate, and modifying your interaction to maybe ease a little bit of the angst they experience"

## **Slide 22      Safety**

This theme was essentially universal. Every respondent mentioned it, and they discussed safety in connection with inmates, staff themselves, and anyone else who might be in the facility.

Safety was a thread that ran through the fabric of the interviews. The two quotes shown on the screen are just 2 examples...

- "Not only do we want to make it safe for the inmates, but also want to make it safe for other inmates, the other staff member, or anybody else who's in that, who's in that vicinity."
- "Definitely, definitely I think they feel safe, yes, because that's our number one goal is to keep them safe here. We have such a focus on them, safety, we have cameras, we have the staff.

**Slide 23      Staffing Insights**

Staff articulated a number of insights as a result of having implemented a trauma-informed approach. I have broken these insights into 3 subthemes: the importance of listening, insights related to professionalism, and holding inmates accountable. I've selected just a few quotes from participants to illustrate these subthemes:

- **Listening.** The transcripts contain many, many references to listening. In some way, I would say that having a perspective on inmate interactions that puts trauma in focus moved people in their daily practice to listen more. It is a simple insight but sounds from the respondents' point of view to be a powerful shift in how they approach their work. Since putting a trauma-informed approach to work for some years, the staff have come to value listening more; they see that it helps them do their jobs more effectively. Their starting point of reference was to think about tactical responses to behaviors. Now they are more likely to use Interpersonal Communication Skills. "...sometimes it is just the listening part, and that's all someone needed"
- **Professionalism.** "I believe that being trained as a professional relative to what a person has endured in their life is that [professionalism]. Our professionalism, the way we interact with them, is a big part of them carrying themselves in a manner which, "I'm getting respect from the staff, I'm going to show respect, I'm going to attend my programs." Like I said, it all works in conjunction. "
- **Accountability.** "There are some areas of awareness, and we know that there is impulse controls, but we also have to still hold them [inmates] accountable." "I think we are more

stringent with our rules. We really put ownership on them [inmates] and accountability on them.”

#### **Slide 24      Challenges of a Trauma-Informed Approach to Corrections**

This last theme addresses challenges and limitations related to implementing a trauma-informed approach to corrections.

- **Gender.** One participant stated: “I don’t mean to sound very biased, but I think some men have to get a little bit more training. The reason I say that is because of my years of experience...”
- **One limitation has to do with how challenging it can be to articulate the impact of trauma on inmates. One person commented** “Some of the agencies are open to listen, but sometimes I lose them because of the complex world of a woman.... trauma, crisis, PTSD, all that stuff that can be all in one little body and can be so complex all in one second.”
- **Another limitation has to do with having enough support for staff in terms of dealing with trauma...** “I’m worried about having enough support for staff, I really am, and I don’t mean the kind where you go out and have a drink.”

#### **Slide 25      Discussion**

As a social worker and someone who works in corrections, I am obviously interested in implications of this research for social work, and for corrections in general. As a researcher and doctoral candidate, it is also important to articulate implications for further research.

As the researcher for this project, I have a number of Questions that I am still considering based on what this research has shown me. In terms of implications for social work practice, I am still

considering, How might social workers help correctional systems continue to build on their trauma-informed approach, and help better equip their staff?

I am also still considering implications related to how race and economic disparities play out in this work. More specifically, how do these topics translate in situations where there are differences and similarities between and among correctional staff and the inmates with whom they work?

In terms of implications for correctional facilities, I am still pondering how findings from this research (focused on a female correctional facility) should inform future research related to incarcerated male populations. Clearly, they also present with histories of trauma, and more research related to how a trauma-informed approach to corrections needs to be done as well.

There are lots of implications for further research since this is a relatively new application of the trauma-informed lens. At the top of my list would be research exploring various outcome indicators after implementing a trauma informed approach to better understand its impact on inmates – both male and female.

What additional observations would you like to make?

**Slide 26      Final Questions?**

**Slide 27      Thanks for attending—how to contact me for follow-up**